





people origin

GENERAL EXPENSE CLAIM FORM



Company Name : MAC
 Department Name : Administration Department

No.	Date	Name	Description	Amount	Remark
1.	4.7.25	Mya Ta Khat	ပေးပို့ရန်အတွက် 30x1200	36,000/-	2.7.25
Total Amount				36,000/-	

Requested by : Mya
 Approved by : 
 Checked by : Ma Pyae Phyo Zin
 Approved by : Ma Scint² Thra
 Approved by : 

Name : Mya Ta Khat (Requester) Ma Htet² Zaw (Department Head) Ma Pyae Phyo Zin (Related FNA/Corp FNA) Ma Scint² Thra (OM/AGM/GM) Ma Scint² Thra (ACOO/COO/MD/VCM)

