



# GENERAL EXPENSE CLAIM FORM



Company Name : CE 3 BU (Redplusaciko Co., Ltd.)  
 Department Name : Service

| No.          | Date   | Name         | Description   | Amount      | Remark           |
|--------------|--------|--------------|---|-------------|------------------|
| 1.           | 6.2.25 | Ko Aung Kyaw | ME 270 ( ၇၂၇, ၇၂၅, ၇၂၄ )<br>ME 375 ( 3369 ) 4 units<br>၈၇၆၂၀: 1 polish ဝါးခါး | 600,000     | To show customer |
| Total Amount |        |              |   | 600,000 MMK |                  |

Requested by  
 Sign :

Name : Thiri Mon  
 (Requester)

Approved by

Name : Heirz Ikhla Soe Hnin Nu Shwe  
 (Department Head)

Checked by

(Related FNA/Corp FNA)

Approved by  
  
 08/02/2025

(COM/AGM/GM)

Approved by  
  
 08/02/2025

(ACOO/COO/MD/VCN)