

be the first

# GENERAL EXPENSE CLAIM FORM



Company Name

: Be the First

Department Name

: Administration

No.	Date	Name	Description	Amount	Remark
1.	17.4.25	Thinyan	002166	60000/-	
2.	"	"	၁၁၇ + ၁၈ + ၁၁၁ :	14900/-	၁၁၇၀၆၆၅ - 54001 - ၁၈၀၆၁၃ - 9004 - ၁၁၁ - 5001 -
3.	"	"	၆၀၆၁၃၆၀၆၁၁၁၁ :	2500/-	
4.	"	"	၁၁၅၁၅၅	400/-	
5.	"	"	၁၅၁၁၆၁၁၁၁၁၁ :	2800/-	
6.	"	"	၁၅၁၁၆၁၁၁၁၁၁ :	9000/-	
7.	"	"	၁၅၁၁၆၁၁၁၁၁၁ :	13000/-	
Total Amount				102,600/-	

Requested by

Approved by

Checked by

Approved by

Approved by

Sign : *[Signature]*  
28.4.25

*[Signature]*  
28/4/25

*[Signature]*  
28/4/25

*[Signature]*

Name : Mya Key Hlaing  
(Requester)

*[Signature]*  
Su Min  
(Department Head)

Son Thida 00  
(Related FNA/Corp FNA)

*[Signature]*  
(OM/AGN/GM)

(ACOO/COO/MID/CM)