



GENERAL EXPENSE CLAIM FORM



Company Name : Common Purpose

Department Name : Administration

No.	Date	Name	Description	Amount	Remark
1.	23.4.23	Er Er Naing	Office Building Rental	15,000,000	April '23
			For CE-2 = ks 150L April 23		
Total Amount					

Requested by

Approved by

Checked by

Approved by

Approved by

Sign :

Name :

[Signature]
23/4/23

[Signature]

[Signature]

[Signature]

(Requester)

(Department Head)

(Related FNA/Corp FNA)

(OM/AGM/GM)

(ACOO/COO/MD/VCM)

Pin Zao Hlaing

Aung Thewin

02-COP-FNA-FRM-001-01

5/04/24 12:18