



people origin

# GENERAL EXPENSE CLAIM FORM



Company Name: **MAC BU**

Department Name: **Administration Department**

No.	Date	Name	Description	Amount	Remark
1.	6.6.25	Mya Ta Khat	၃၉-၈၄၈၀ ကားအိုးပေါက်ကုန် ကုန်ခွင့်၊ နှစ်စာပတ်လည်ခွင့်၊ ခရီးစဉ်ကုန်ခွင့်၊	၆၀၀၀	၂၈.၅.၂၅
Total Amount				၆,၀၀၀/-	

Request by

Approved by

Checked by

Approved by

Approved by

Sign : **Mya**

Name : **Mya Ta Khat**

**Ma Htet Zaw**

**Ma Pyae Phyo Zin**

**Ma Sain Thun**

(Requester)

(Department Head)

(Related FNA/Corp FNA)

(OM/AGM/GM/BOH)

(ACOO/COO/MD/VCM)

