

GENERAL EXPENSE CLAIM FORM

Company Name : *Winning Way.*

Department Name : *S & MKT.*

No.	Date	Name	Description	Amount	Remark
1.	1.11.24.	<i>Zin Zin Oo</i>	<i>Dealer Birthday cake.</i>	<i>38,000/.</i>	
			<i>Electro World.</i>		
			<i>Kyau Myint Oo.</i>		
Total Amount				<i>38,000/.</i>	

	Requested by	Approved by	Checked by	Approved by	Approved by
Sign :	<i>[Signature]</i>				
Name :	<i>Zin Zin Oo</i> (Requester)	<i>Aung Myat Thu</i> (Department Head)	<i>Nway Nway.</i> (Related FNA/Corp FNA)	<i>Phyo Thee</i> (OM/AGM/GM)	<i>Zaw Min Myat.</i> (ACOO/COO/MD/VEI)

02-REN-FNA-FRM-002-01



7-24138

Slip No: SBM M1-31/10/24-01-101
Counter: 1

11:39 AM

Cashier ID: SBM M1-SHOON LE WAI

Qty		KS
1	VANILLA FRUIT CAKE 1KG	34000
	@34000	

1 Total:(Including Tax)	34000 KS
5% Commercial Tax (included)	1619

Paid By: MMK	35000	✓
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Change:	1000 KS	✓
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Thank You

