

GENERAL EXPENSE CLAIM FORM

Company Name : - Chrysanthemum-wealth

Department Name : - Administration

No.	Date	Name	Description	Amount	Remark
1		Naw Phaw Moe	ပန်း (3000x5)	15000	
			ဘဝေပန်း	2000	
			ရွှေပန်း + ကွမ်းတစ်	2000	
			ပွဲကံပွဲသီး 3	24000	
			ခွက်ပွဲသီး 1	6000	
			ကပ်ပြာ	2500	
				7	
Total Amount				51500/-	

Request by

Approved by

Checked by

Approved by

Approved by

Sign :



Name : Naw Phaw Moe
 (Requester)

Khainng Nyein Aye
 (Department Head)

Tin Awe Htoo
 (Related FNA/Corp FNA)

Maung Maung
 (OM/AGM/GM/BOH)

Ko Aye Min Htoon
 (ACOO/COO/MD/VCM)

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