



GENERAL EXPENSE CLAIM FORM



Company Name : - Chrysalis Wealth

Department Name : - Administration

No.	Date	Name	Description	Amount	Remark
1	29.3.25	Nava Prasad Me	Reason 2025 (1) conf	40000	
				7	
Total Amount				40000	

Request by _____ Approved by _____ Checked by _____ Approved by _____ Approved by _____

Sign :

Name : Nava Prasad Me (Requester) _____ (Department Head) _____ (Related FNA/Corp FNA) _____ (OM/AGM/GM/BOH) _____ (ACCO/COO/MD/CM)