



GENERAL EXPENSE CLAIM FORM



Company Name : Chrysanthemum - Wealth

Department Name : Administration

No.	Date	Name	Description	Amount	Remark
1	15.8.24	Nava Phao Mue	San San ၈၅၃၃ (800x50)	40000	
2	16.8.24		Polax ၈၅၃၃ (800x20)	10000	
Total Amount				50000/-	

Request by

Sign :

Name : Nava Phao Mue
(Requester)

Approved by

Zayar Lin
(Department Head)

Checked by

Tin Nobe Htwe
(Related FNA/Corp FNA)

Approved by

Mung Mung
(OM/AGM/GM/BOH)

Approved by

(ACOO/COO/MID/VCN)
(ACOO/COO/MID/VCN)