



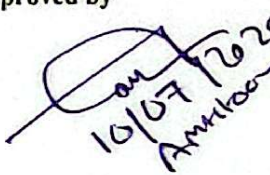


# GENERAL EXPENSE CLAIM FORM

Company Name : Win strategic

Department Name : Administration

No.	Date	Name	Description	Amount	Remark
1.	5-Jun-25	Moe Zaw	Drinking Water	12000 L	
2.	12-Jun-25	Moe Zaw	Drinking Water	18000 L	
3.	25-Jun-25	Moe Zaw	Drinking Water	18000 L	
Total Amount				48000 L	

Requested by	Approved by	Checked by	Approved by	Approved by
Sign :  Name : Saw Htet <sup>2</sup> Hlaing (Requester)	 Saw Htet <sup>2</sup> Hlaing (Department Head)	 Saw Nan Hlaing (Related FNA/Corp FNA)	 Min Thee Ya (OM/AGM/GM)	 10/07/2025 Amintoon (ACOO/COO/MD/VCM)

02-CEI-FNA-FRM-001-01

