



GENERAL EXPENSE CLAIM FORM



Company Name : - Chrysanthemum-wealth

Department Name : - Administration

No.	Date	Name	Description	Amount	Remark
1	25.05.25	Nawo Phaw Mae	အချိန်ပေး (Removal) (1) ဝန်	10000	
Total Amount				40000	

Request by

Approved by

Checked by

Approved by

Approved by

Sign :

Name : Nawo Phaw Mae

(Requester)

(Department Head)

(Related FNA/Corp FNA)

(OM/AGM/GM/BOH)

(ACOO/COO/MD/VCM)

02-BRM-FNA-FRM-007-01