



people origin

GENERAL EXPENSE CLAIM FORM



Company Name : **MAC**

Department Name : **Administration**

No.	Date	Name	Description	Amount	Remark
1.	8.3.25	Aung Thiha Myo	ပျံ:သစ်တော်	6,000/-	10.2.25အောင်မြင်
			ဆန်လှော်	2,500/-	-
			သံပျံအိတ်:	2,200/-	-
			၇၆:ဆီ	3,500/-	-
			ဘုရားပျံ:	4,000/-	-
			ရေဆီဆီ ၂၀ (၁၀၀ - ၁၂၀၀)	24,000/-	-
Total Amount				42,200/-	

Request by: **Sign:** **Name:** **Aung Thiha Myo** (Requester)

Approved by: **Sign:** **Name:** **Ma Swe Win** (Department Head)

Checked by: **Sign:** **Name:** **Ma Pye Phay Lin** (Related FNA/Corp FNA)

Approved by: **Sign:** **Name:** **Ma Sein Thee** (OM/AGM/GM/BOH)

Approved by: _____ (ACOO/COO/MD/VCMD)

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