



# GENERAL EXPENSE CLAIM FORM



Company Name : - Chay Sazthemum wealth

Department Name : - Administration

No.	Date	Name	Description	Amount	Remark
1	၆.၀၂.၂၄	Naw Phaw Mae	ခရီးစဉ် ဝယ်ယူခြင်း	50000	
Total Amount				50000/-	

Request by

Approved by

Checked by

Approved by

Approved by

Sign :

Name : Naw Phaw Mae

(Requester)

(Department Head)

(Related FNA/Corp FNA)

(OM/AGM/GM/BOH)

(ACOO/COO/MD/VCM)

02-BRM-FNA-FRM-007-01