



GENERAL EXPENSE CLAIM FORM



BU/BR/DIV Name : ISB U (mc expense)
Department Name : Administration

No.	Date	PIC Name	Description	Category (Customer (Or) Operation)	Cost (MMK)	Remark
1.	14.9.24	Min Thet Layu 2:0	Dog Feeds	-	80,000	
Total General Expense					80,000	✓

Requested by Approved by Checked by Approved by Approved by

Sign : *MIP* Sign : *OV* Sign : *[Signature]* Sign : *[Signature]* Sign : *[Signature]* 10/9/24

Name : Min Thet Layu Name : Thae Mu Wai Name : Zin Lo Htwe Name : Chit San Loo Name : *[Signature]* 22/9

(Requester) (Department Head) (Finance & Account) (OM/AGM/GM) (ACOO/COO/MD/VCM)



UD Compound Security

10 members

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Kyi.Moe

Tint.Swe(အင်အားဖြည့်OT)

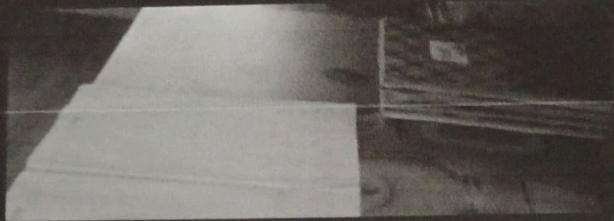
8:21 AM



ခွေးစာဘိုး. 80000ကျပ်ပေးလိုက်ပါပြီ



11:49 AM



Message

