

GENERAL EXPENSE CLAIM FORM



Company Name : - Charyasathbammum.wealth

Department Name : - Administration

No.	Date	Name	Description	Amount	Remark
1	20.8.25	Maoo Phao Mae	San San ၀၇၃၄. (၁၀၀၀x50)	50000	
Total Amount				50000	

Request by _____ Approved by _____ Checked by _____ Approved by _____ Approved by _____

Sign :

Name : **Maoo Phao Mae** **Khainy Mye Aye** **Tin Nwe Htoo** **Maeng Maeng** **Wo Aye Ma Htan**
 (Requester) (Department Head) (Related FNA/Corp FNA) (OM/AGM/GM/BOH) (ACOO/COO/MID/VCN)

