





# GENERAL EXPENSE CLAIM FORM



Company Name : - Chrysanthemum-wealth

Department Name :- Administration

No.	Date	Name	Description	Amount	Remark
1	20-2-25	Naco Phaw Mae	Surz Surz ၀၀၀၀၀၀၀၀ (1000x50)	50000	
				7	
Total Amount				50000/-	

Request by: *[Signature]*  
Name: Naco Phaw Mae  
(Requester)

Approved by: \_\_\_\_\_  
(Department Head)

Checked by: \_\_\_\_\_  
(Related FNA/Corp FNA)

Approved by: \_\_\_\_\_  
(OM/AGM/GM/BOH)

Approved by: \_\_\_\_\_  
(ACOO/COO/MD/VCM)

02-BRM-FNA-FRM-007-01