



GENERAL EXPENSE CLAIM FORM



Company Name : - Chy Anthe Sun - Health

Department Name : - Administration

No.	Date	Name	Description	Amount	Remark
1	10.4.24	Nhu Phan Mue	Sun Sun Company (1000x40)	40000/-	
Total Amount				40000/-	

Request by

Approved by

Checked by

Approved by

Approved by

Name : Nhu Phan Mue
(Requester)

Khong Nguyen Aye
(Department Head)

Tin Nue Hwee
(Related FNA/Corp FNA)

Muang Mueng
(OM/AGM/GM/BOH)

Ko Aye Ma Hoon
(ACOO/COO/MID/VCN)