



GENERAL EXPENSE CLAIM FORM



Company Name : - Chrysanthemum-wealth

Department Name : - Administration

No.	Date	Name	Description	Amount	Remark
1	16.12.24	Nees Phras Nee	ပန်း (3000 x 8)	24000	
			သစ်ရွက်ပန်း+ကုန်း+ပျံ	2500	
			မှတ်ပေးပေး (3) မီး	20000	
			ခွဲပေးပေး	4000	ခွဲပေးပေးပေး
			ကပ်ပေး	2500	
				7	
Total Amount				53000/-	

Request by
(Signature)

Name : Nees Phras Nee
(Requester)

Approved by
(Department Head)

Checked by
(Related FNA/Corp FNA)

Approved by
(OM/AGM/GM/BOH)

Approved by
(ACCO/COO/MD/V/CM)

02-BRM-FNA-FRM-007-01

