

Claim




GENERAL EXPENSE CLAIM FORM





Company Name : Mandalay Resources Co. Vol. CE-5


Department Name : Administration

No.	Date	Name	Description	Amount	Remark
1	7/3/25	Dr. Dr. Naing	ကုန်ပစ္စည်း (ဝတ္ထု)	14,000	7 x 2000 (ကုန်ပစ္စည်း)
Total Amount				14,000	

Requested by: 
 Name: Dr. Dr. Naing (Requester)

Approved by: 
 Name: [Signature] (Department Head)
 Note: [Signature]

Checked by: 
 Name: [Signature] (Related FNA/Corp FNA)

Approved by: 
 Name: Aung Thee Win (OMAAGM/GM)

Approved by: _____ (ACOO/COO/MD/VCM)

02-CE5-FNA-FRM-001-00

3/31 10:02