



# GENERAL EXPENSE CLAIM FORM

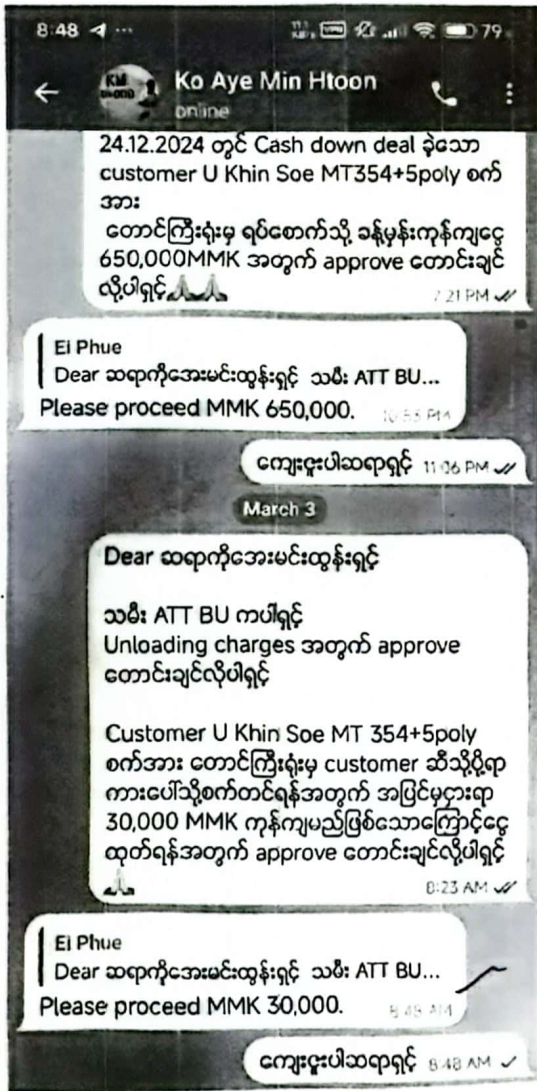


Company Name : ATT BU  
 Department Name : Sale Support

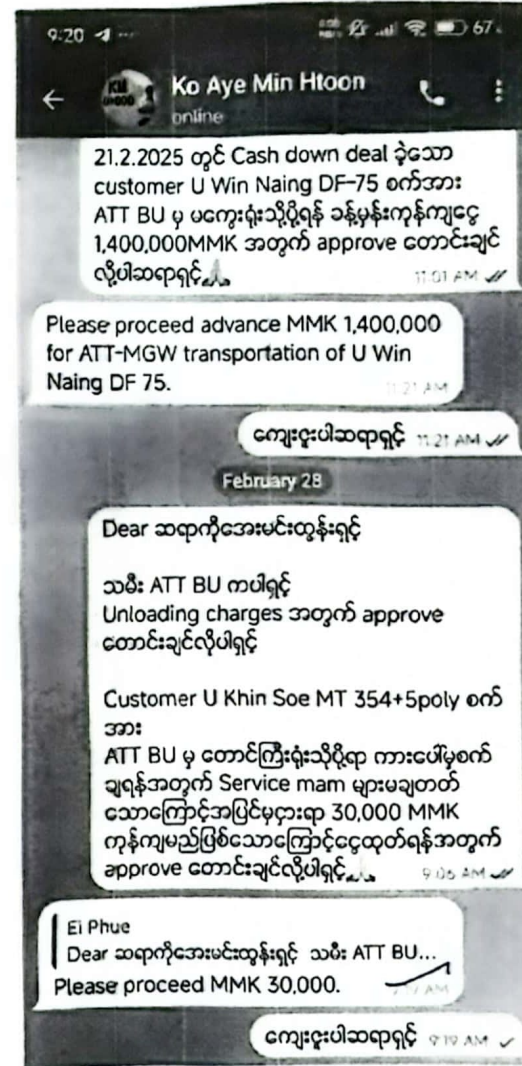
No.	Date	Name	Description	Amount	Remark
1.	28-2-25	U kin Soe	Customer U kin Soe ATT to	30000/-	TAH: ၂၅၆၀၀၂၅
2.	1-3-25	U Khin Soe	Yart Saub ၂၅.၀၀၀၂.၇၀၇၆	30000/-	၇၅၆၀၀၂၅.၄.၂၅
			Unloading charges		၀၂၅၆၀၀၂၅
Total Amount				60000/-	✓

Requested by: Sign: Ei Phue Ngone (Requester)  
 Approved by: Ma Su Ei Hlaing (Department Head)  
 Checked by: Tin Mar (Related FNA/Corp FNA)  
 Approved by: Ko Maung Mang (OM/AGM/GM)  
 Approved by: 06/03/2025 (ACOO/COO/MD/VCM)

02-ATT-FNA-FRM-002-02



Message



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