



GENERAL EXPENSE CLAIM FORM



Company Name : **MAC**

Department Name : **Administration**

No.	Date	Name	Description	Amount	Remark
1.	4.2.25	Aung Thiha Myo	ရေသေ့.ဘူး 20 (1ဘူး - 1100)	22,000/-	18.1.25 ရက်နေ့.005
			ဘူး.ဖု:	4,000/-	20.1.25 ရက်နေ့.005
			၎င်း.ဆီ	3,500/-	" "
			သံပု.ကတ်:	3,200/-	" "
			ရေသေ့.ဘူး 20 (1ဘူး - 1100)	22,000/-	24.1.25 ရက်နေ့.005
			ဘူး.ဖု:	4,000/-	27.1.25 ရက်နေ့.005
			၎င်း.ဆီ	3,500/-	" "
			သံပု.ကတ်:	3,200/-	30.1.25 ရက်နေ့.005
Total Amount				65,500/-	

Request by: **Sign : [Signature]**
 Name : **Aung Thiha Myo**
 (Requester)

Approved by: **[Signature]**
 Name : **Swe Win**
 (Department Head)

Checked by: **[Signature]**
 Name : **Pya@ Pnyo Zin**
 (Related FNA/Corp FNA)

Approved by: **[Signature]**
 Name : **Sein² Thu**
 (OM/AGM/GM/BOH)

Approved by: **[Signature]**
 Name : **[Signature]**
 (ACOO/COO/MD/VCM)

