



GENERAL EXPENSE CLAIM FORM



Company Name : Chrysanthemum Wealth.

Department Name : Production

| No. | Date | Name | Description | Amount | Remark |
|--------------|---------|--------------------------|---|-----------|---|
| 1. | 3-12-24 | Ko Zaw ² Htwe | SK 200-8 (593512). Mobilco M/c inspection & Pump adjust. | 150,000/- | Received Sign. Luette |
| Total Amount | | | | 150,000/- | |

Request by
Sign :

Name : Sai Su Khine
(Requester)

Approved by

Name : Sai Loo Khorn
(Department Head)

Checked by

Name : Tin Awe Htwe
(Related FNA/Corp FNA)

Approved by

Name : Ko Maung
(OM/AGM/GM/BOH)

Approved by
tele approved.

Name : Sir. Aye Min Htson
(ACOO/COO/MD/VCM)
02-BRM-FNA-FRM-007-01