



GENERAL EXPENSE CLAIM FORM



Company Name :
Department Name : **Administration**

No.	Date	Name	Description	Amount	Remark
1.	4.2.25	Thein Thein Nuey	Water	50000	For car, and office use
2.	20.2.25	Thein Thein Nuey	"	50000	"
3.	16.1.25	Thein Thein Nuey	250000 eggs (64 g)	10500	(For 3 person) 30000
4.	6.2.25	Thein Thein Nuey	"	7000	(For 2 person)
Total Amount				117500	

Requested by: *[Signature]* Approved by: *[Signature]* Checked by: *[Signature]* Approved by: *[Signature]* Approved by: *[Signature]*

Name: **Thein Thein Nuey** (Requester) **Zon Mar** (Department Head) **Zon Mar** (Related FNA/Corp FNA) **Ko Maung Maung** (OM/AGM/GM) **[Signature]** (ACCOO/COO/MID/VCMD)

Sign: *[Signature]* *[Signature]* *[Signature]* *[Signature]* *[Signature]*

2/21/2025
Ammy