



GENERAL EXPENSE CLAIM FORM



Company Name: Chrysanthemum Wealth

Department Name: Production

No.	Date	Name	Description	Amount	Remark
1	1.10.24	Sai Min & Phone Hlyan Kyau	Cas - Bo Min Bo Cas Htd. FC290AP Machine Cleaning Charges	30,000/-	order book 6450012025
2	2.10.24	ii		30,000/-	
3	4.10.24	Sai Min.		10,000/-	
Total Amount				50,000/-	

Request by

Approved by

Checked by

Approved by

Approved by

Sign :

Name :

Sai Su Khwe
(Requester)

Sai Loo Khwan
(Department Head)

Tin Nwe Hkwe
(Related FNA/Corp FNA)

Ko Maung
(OM/AGM/GM/BOH)

Sir. Aye Min Htoon
(ACOO/COO/MD/VCM)

02-BRM-FNA-FRM-007-01



My Company.



ADVANCE REQUEST FORM

Requestor Name : Su Su Khaing	Budget Type : Include Budget
Department Name :	Payment Type : Advance Payment
Payment Date : 2024-10-04	Advance Due Date :
Payment Voucher : ADV-REM-2024-10-00021	Prepared By : REM_BudgetDataEntry
No	Superior Approved : REM_SRVADH
Payment Method : Cash/Bank	By
Payment Amount : 60000.0	Last Approved By : REM_SRVADH
Currency : MMK	
Exchange Rate : 4,800.0	

No.	Description	Department	Request Amount	Remark
1	Advance Payment for machine clean charges (Cus..Bo Min Bo Co;Ltd, EC290BP.17828)(1.10.24, 2.10.24, 4.10.24)MP-2 person - 1 person = 10,000MMK/ Days .MMK.Adv-60,000/-	Production (REM)	60,000.00	

Expense Total 60,000.00 K ✓
Amount Remain 60,000.00 K

Note: _____

<p>Superior Check By</p> <p>Name : <i>Su Su Khaing</i></p> <p>NRC No :</p> <p>Date :</p> <p>Remark :</p>	<p style="text-align: center;">For <i>[Signature]</i></p> <p>F&A</p> <p>Name : <i>Ten Aye Htoo</i></p> <p>NRC No :</p> <p>Date :</p> <p>Remark :</p>	<p style="text-align: center;"><i>[Signature]</i></p> <p>GM/AGM</p> <p>Name : <i>Ko Maung</i></p> <p>NRC No :</p> <p>Date :</p> <p>Remark :</p>	<p style="text-align: center;">tele approved</p> <p>COO</p> <p>Name : <i>Su Aye Min Htoo</i></p> <p>NRC No :</p> <p>Date : <i>3/10/24</i></p> <p>Remark :</p>
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