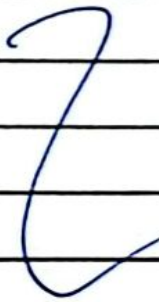




GENERAL EXPENSE CLAIM FORM



Company Name : *Winning Way*
 Department Name : *Administration*

No.	Date	Name	Description	Amount	Remark
1.	20-6-24	Nyein Ei ² Khaing	Pure Drinking Water	16000	
2.	18-7-24	Nyein Ei ² Khaing	Pure Drinking Water	16000	Pure Drinking Water for RE BU.
					
Total Amount				32000	↑

Requested by : *[Signature]*
 Sign : *[Signature]*
 Name : *Nyein Ei² Khaing* (Requester)

Approved by : *[Signature]*
 Name : *Nyein Ei² Khaing* (Department Head)

Checked by : *[Signature]*
 Name : *Nweay Nweay* (Related FNA/Corp FNA)

Approved by : *[Signature]*
 Name : *Ahgo The* (OM/AGM/GM)

Approved by : *[Signature]* 29/7/24
 Name : *Zaw Min Myat* (ACOO/COO/MD/VCM)

02-REN-FNA-FRM-002-01