

GENERAL EXPENSE CLAIM FORM

Company Name : - Chrysanthemum wealth

Department Name : - Administration

No.	Date	Name	Description	Amount	Remark
1	22.5.25	Naw Phaw Mae	၄၀၀၀၀ ဝေ့၀၀၀ (1200 x 10)	12000	
			၅၀၀၀၀ ဝေ့၀၀၀ (1000 x 50)	50000	
				7	
Total Amount				62000/-	

Request by

Approved by

Checked by

Approved by

Approved by

Sign :

Name : • Naw Phaw Mae (Requester) Khaing Mye Aye (Department Head) Tin Awe Htoo (Related FNA/Corp FNA)

Maung Maung (OM/AGM/GM/BOH)

Ko Aye Mia Htoon (ACOO/COO/MD/VCM)

02-BRM-FNA-FRM-007-01

