



GENERAL EXPENSE CLAIM FORM



Company Name : - Chrysanthemum-wealth

Department Name :- Administration

No.	Date	Name	Description	Amount	Remark
1	10.10.24	New Phaw Moe	၂၀၀၀ ချက် (၉၀၀ x ၆၀)	54000/-	
Total Amount				54000/-	

Request by

Approved by

Checked by

Approved by

Approved by

Sign :

Name : New Phaw Moe

(Requester)

(Department Head)

(Related FNA/Corp FNA)

(OM/AGM/GM/BOH)

(ACOO/COO/MD/VCM)

02-BRM-FNA-FRM-007-01