



GENERAL EXPENSE CLAIM FORM



Company Name : CE3 BU
 Department Name : Service

No.	Date	Name	Description	Amount	Remark
1.	11.7.25	ဖုန်း	Controller ဖုန်း	40,000	400
		အိတ်ကတ် (ဖုန်း)			MT-210-1525
		09.43023659	Controller အိတ်ကတ်	20,000	Customer-11 Yan Yoe Kyaw
Total Amount					

Requested by : Sign :
 Name : Thein Aung Aung (Requester)
 Approved by : Sign :
 Name : Ye Min Kyaw (Department Head)
 Checked by : _____
 Approved by : _____
 Approved by : _____

(Requester) (Department Head) (Related FNA/Corp FNA) (OM/AGM/GM) (ACOO/COO/MD/VCM)

02-CE3-FNA-FRM-001-02