





# GENERAL EXPENSE CLAIM FORM



Company Name : **CE3 BU**

Department Name : **Service**

No.	Date	Name	Description	Amount	Remark
1.	11.7.25	ဖွဲ့စည်းရေးမှူး (အဖွဲ့အစည်း)	Controller အဖွဲ့အစည်း	40,000	<del>400</del>
		09-43023659	Controller အဖွဲ့အစည်း	20,000	ME-210-(585)
					Customer-11 Yan Yee Kyaw
Total Amount				60,000	

Requested by:   
 Name: **Thein Mye Aung** (Requester)

Approved by:   
 Name: **Ye Min Kyaw** (Department Head)

Checked by: \_\_\_\_\_ (Related FNA/Corp FNA)

Approved by: \_\_\_\_\_ (OM/AGM/GM)

Approved by: \_\_\_\_\_ (ACOO/COO/MD/VCM)

02-CE3-FNA-FRM-001-02