



GENERAL EXPENSE CLAIM FORM



Company Name

: winning way

Department Name

: Tech-support

No.	Date	Name	Description	Amount	Remark
1.	6.12.24	Ant Bone Mas	no: 28: 00	150081.	
Total Amount				150081.	

Requested by

[Signature]

Approved by

[Signature]

Checked by

[Signature]

Approved by

[Signature]

Approved by

Name: *Citronsa*
(Requester)

Tianning
(Department Head)

Lesin Pacing
(Related FNA/Corp FNA)

(OM/MGM/GM)

(ACOO/COO/MD/V/CN)

