



# GENERAL EXPENSE CLAIM FORM



Company Name : - Chrysanthemum-wealth

Department Name : - Administration

No.	Date	Name	Description	Amount	Remark
1		Naw Phaw Moe	စာကြိတ်ပိတ် (Reason) ခံဖို့	40000	
				7	
Total Amount					40000

Request by

Approved by

Checked by

Approved by

Approved by

Sign :

Name : Naw Phaw Moe

(Requester)

(Department Head)

(Related FNA/Corp FNA)

(OM/AGM/GM/BOH)

(ACOO/COO/MD/VCM)

02-BRM-FNA-FRM-007-01