



GENERAL EXPENSE CLAIM FORM



Company Name : *Winning Way*

Department Name : *S & MKT.*

No.	Date	Name	Description	Amount	Remark
1.	24.7.25.	<i>Zin Zin Co</i>	<i>ပရိဘောဂ</i>	7,000/-	
			<i>ပရိဘောဂပစ္စည်း</i>	10,000/-	
			<i>ဒေါ်.စက်ကိရိ</i>	7,000/-	
			<i>Cola</i>	6,400/-	
<i>< Customer. U Zin Htoo 50 kW Hybrid System dealing process ></i>					
<i>Customer come to office</i>					
Total Amount				30,400/-	

Requested by : *[Signature]*
 Sign : *[Signature]*
 Name : *Zin Zin Co* (Requester)
 Approved by : *Ag. Myat Thu* (Department Head)
 Checked by : *Zin Nyein Aye* (Related FNA/Corp FNA)
 Approved by : *Thya Thu* (OM/AGM/GM)
 Approved by : *U Aye Min Htoon* (ACOO/COO/MD/VCM)