

050

GENERAL EXPENSE CLAIM FORM



Company Name : ၂၅ (MC Expense)
Department Name : Administration

No.	Date	Name	Description	Amount	Remark
1	၉.၉.၂၄	Thae Aua Lkai	၂၂၀၀၀ + ၂၅၀၀၀ + ၆၀၀၀၀	1၃000	
2	16.၉.၂၄	Thae Aua Lkai	၂၂၀၀၀ + ၂၅၀၀၀ + ၆၀၀၀၀	1၃000	
3	23.၉.၂၄	Thae Aua Lkai	၂၂၀၀၀ + ၂၅၀၀၀ + ၆၀၀၀၀	1၂500	
4	30.၉.၂၄	Thae Aua Lkai	၂၂၀၀၀ + ၂၅၀၀၀ + ၆၀၀၀၀	1၂500	
Total Amount				4၉000	

Requested by : *[Signature]* (Requester) Thae Aua Lkai
 Approved by : *[Signature]* (Department Head) Thae Aua Lkai
 Checked by : *[Signature]* (Related FNA/Corp FNA) Sin Ho Khaw
 Approved by : *[Signature]* (OM/AGM/GM) Chat Sin Ho
 Approved by : *[Signature]* (ACCOO/COO/MD/VCM)