

GENERAL EXPENSE CLAIM FORM

Company Name : - *chrysanthemum-wealth*

Department Name : - *Administration*

No.	Date	Name	Description	Amount	Remark
1	18-7-25	Naw Phaw Moe	အငွေကုတ်ခံ (Reman)	40000	
Total Amount				40000/-	

Request by	Approved by	Checked by	Approved by	Approved by
Sign : <i>[Signature]</i>				
Name : <i>Naw Phaw Moe</i> (Requester)	<i>Thi Hlae</i> (Department Head)	<i>Tin Aye Hlae</i> (Related FNA/Corp FNA)	<i>Maung Maung</i> (OM/AGM/GM/BOH)	<i>Ko Aye Ma Hlae</i> (ACOO/COO/MD/VCM)

02-BRM-FNA-FRM-007-01