

GENERAL EXPENSE CLAIM FORM

Company Name : - Chrysanthemum-wealth

Department Name : - Administration

No.	Date	Name	Description	Amount	Remark
1	27.6.25	Naw Phaw Mue	၂၀၂၅ ခုနှစ် ဝန်ထုပ် (1000x50)	50000	
				7	
Total Amount				50000/-	

Request by

Approved by

Checked by

Approved by

Approved by

Sign :



Name : Naw Phaw Mue
(Requester)

Khain Nyein Aye
(Department Head)

Tin Nwe Htoo
(Related FNA/Corp FNA)

Maung Maung
(OM/AGM/GM/BOH)

Ko Aye Min Htoon
(ACOO/COO/MD/VCM)

02-BRM-FNA-FRM-007-01

