

# GENERAL EXPENSE CLAIM FORM

Company Name : - Chrysanthemum.wealth

Department Name : - Administration

No.	Date	Name	Description	Amount	Remark
1		Nao Phaw Mee	Solar Clean	50,000/-	
<b>Total Amount</b>				50,000/-	

Request by

Approved by

Checked by

Approved by

Approved by

Sign :



Name : Nao Phaw Mee

(Requester)

(Department Head)

(Related FNA/Corp FNA)

(OM/AGM/GM/BOH)

(ACOO/COO/MD/VCM)

02-BRM-FNA-FRM-007-01