





# GENERAL EXPENSE CLAIM FORM



Company Name : - Chrysanthemum-wealth

Department Name : - Administration

No.	Date	Name	Description	Amount	Remark
1	15.5.25	Naw Phaw Moe	၂၀၁၂ ၂၀၁၃ ဝေလ်ဝေလ်ဝေလ် (1000x50)	50,000	
Total Amount				50,000	

Request by

Approved by

Checked by

Approved by

Approved by

Sign :

Name :

Naw Phaw Moe

(Requester)

Khainy Nyein Aye

(Department Head)

Tin Nwe Htoo

(Related FNA/Corp FNA)

Maung Maung

(OM/AGM/GM/BOH)

Ko Aye Mia Htoo

(ACOO/COO/MD/VCM)

02-BRM-FNA-FRM-007-01