



# GENERAL EXPENSE CLAIM FORM



Company Name : Chrysanthemum-wealth

Department Name : Administration

No.	Date	Name	Description	Amount	Remark
1	27.8.24	Mao Phao Mae	San San ၀၀၀၀၀၀၀၀ (၇၀၀၄၆၀)	၆၃၀၀၀/-	Remor (50) Reason (20)
Total Amount				၆၃၀၀၀/-	

Request by *[Signature]*  
 Name : Mao Phao Mae (Requester)  
 Approved by *[Signature]*  
 Name : Zaiga Jim (Department Head)

Checked by *[Signature]*  
 Name : Tin Nwe Htoo (Related FNA/Corp FNA)

Approved by *[Signature]*  
 Name : Maung Maung (OM/AGM/GM/BOH)  
 Approved by *[Signature]*  
 Name : (ACOO/COO/MD/VC/M)

02-BRM-FNA-FRM-007-01