



GENERAL EXPENSE CLAIM FORM



Company Name : - Chrysanthemum-wealth

Department Name : Administration

No.	Date	Name	Description	Amount	Remark
1	28.11.24	Naw Phaw Moe	စာရင်းအင်း (၁) ကုန်	40000/-	
Total Amount				40000/-	

Request by: *[Signature]*
 Name: Naw Phaw Moe (Requester)

Approved by: *[Signature]*
 Name: Khain Mye Aye (Department Head)

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

Approved by: *[Signature]*
 Name: Maeng Maeng (OM/AGM/GM/BOH)

Approved by: *[Signature]*
 Name: (ACOO/COO/MD/VCM)

02-BRM-FNA-FRM-007-01