

GENERAL EXPENSE CLAIM FORM

Company Name : IS

Department Name : Administration

No.	Date	Name	Description	Amount	Remark
1	11.9.24	Thae Nu Wai	SSB Tax (CD ad)	2000	C 1000 x 20
Total Amount				2000	

Requested by

Approved by

Checked by

Approved by

Approved by

Sign :






Name : Thae Nu Wai
(Requester)

Name : Thae Nu Wai
(Department Head)

Name : Chit San Ko
(Related FNA/Corp FNA)

Name : Chit San Ko
(OM/AGM/GM)

(ACOO/COO/MD/VCM)

02-IDS-FNA-FRM-001-01

