



# GENERAL EXPENSE CLAIM FORM



BU/BR/DIV Name : JSBU CMC expense 1

Department Name : Administration

No.	Date	PIC Name	Description	Category (Customer (Or) Operation)	Cost (MMK)	Remark
1.	14.4.24	Min Thet Kyawzin	YCDC charges	-	80,000	
<b>Total General Expense</b>					80,000	

<b>Requested by</b>	<b>Approved by</b>	<b>Checked by</b>	<b>Approved by</b>	<b>Approved by</b>
Sign :	Sign :	Sign :	Sign :	Sign :
Name : Min Thet Kyawzin	Name : Thae No Wai	Name : Zin Tra Htuc	Name : Chit Son Leo	Name :
(Requester)	(Department Head)	(Finance & Account)	(OM/AGM/GM)	(ACOO/COO/MD/VCM)

02-MC-FNA-FRM-002-01

