



GENERAL EXPENSE CLAIM FORM



Company Name : IS (mc expense)

Department Name : Administration

No.	Date	Name	Description	Amount	Remark
1	7. Oct. 24	Thae Nu Wai	ရက်စွဲ/သွက်ပေး/စားစေခ	13000	
2	14 Oct. 24	Thae Nu Wai	ရက်စွဲ/သွက်ပေး/စားစေခ	13500	
3	21 - Oct - 24	Thae Nu Wai	ရက်စွဲ/သွက်ပေး/စားစေခ	12500	
4	28. Oct - 24	Thae Nu Wai	ရက်စွဲ/သွက်ပေး/စားစေခ	12500	
				2	
Total Amount				50500	

Requested by

Approved by

Checked by

Approved by

Approved by

Sign :

Name : Thae Nu Wai
(Requester)

Thae Nu Wai
(Department Head)

(Related FNA/Corp FNA)
2.11.24

(OM/AGM/GM)

(ACOO/COO/MD/VCM)

02-BMC-FNA-FRM-002-00