





# GENERAL EXPENSE CLAIM FORM



Company Name : **ATT BLU**  
 Department Name : **Adminisstrator**

No.	Date	Name	Description	Amount	Remark
1.	15.5.2025	Thirint Thirint Nany	To buy contract for all Dept's to use	630000	
Total Amount				600000	

Requested by: *[Signature]*      Approved by: *[Signature]*      Checked by:      Approved by:      Approved by:

Name: **Thirint Thirint Nany**      **Ma Zin Mar**      **Ko Maung Maung**  
 (Requester)      (Department Head)      (Related FNA/Corp FNA)      (OM/AGM/GM)      (ACCO/COO/MD/VCMD)