



# GENERAL EXPENSE CLAIM FORM



Company Name : - Chrysanthemum-wealth

Department Name : - Administration

No.	Date	Name	Description	Amount	Remark
1	1.3.25	Nawo Phaw Moe	စာရင်းအင်း	40000	
				7	
Total Amount				40000	

Request by

Approved by

Checked by

Approved by

Approved by

Sign :

Name : Nawo Phaw Moe  
(Requester)

Khainng Ngein Aye  
(Department Head)

Tin Nwe Htoo  
(Related FNA/Corp FNA)

Maong Maong  
(OM/AGM/GM/BOH)

Ko Aye Min Htoo  
(ACOO/COO/MD/VCM)

02-BRM-FNA-FRM-007-01