




GENERAL EXPENSE CLAIM FORM

Company Name : Chrysanthemum-wealth

Department Name : Administration

No.	Date	Name	Description	Amount	Remark
7	9.9.24	Naw Phaw Moe	Dog Food (Remon 800x3)	72000	
			Dog Food (Shantui 800x3)	72000	
			Dog Food (Recon 800x3)	72000	
				7	
Total Amount				216,000/-	

Request by : 
 Sign : 
 Name : Naw Phaw Moe
 (Requester)

Approved by : 
 (Department Head)

Checked by : _____
 (Related FNA/Corp FNA)

Approved by : _____
 (OM/AGM/GM/BOH)

Approved by : _____
 (ACOO/COO/MD/VCM)

02-BRM-FNA-FRM-007-01