

GENERAL EXPENSE CLAIM FORM



Company Name: FTA

Department Name: Administration

No	Date	Name	Description	Amount	Remark
1.	06.08.25	Mya Ta Hnat	လုပ်ငန်းခွင် (၅၀) နေရာ အသုံးပြုခရ	58,400/-	14.8.25
2.	"	"	အသုံးပြုခရ	2,000/-	16.8.25
3.	"	"	အသုံးပြုခရ	2,000/-	18.8.25
4.	"	"	အသုံးပြုခရ (အသုံးပြုခရ)	3,000/-	18.8.25
5.	"	"	အသုံးပြုခရ	2,000/-	23.8.25
6.	"	"	အသုံးပြုခရ	2,000/-	23.8.25
7.	"	"	အသုံးပြုခရ (အသုံးပြုခရ)	3,000/-	23.8.25
Total Amount				58,400/-	

Request by: *[Signature]*
 Name: Mya Ta Hnat (Requester)

Approved by: *[Signature]*
 Name: Ma Hnat Zaw (Department Head)

Checked by: *[Signature]*
 Name: Ma Pyoe Phyoe Zin (Related FNA/Corp FNA)

Approved by: *[Signature]*
 Name: Ma Seint Thu (ACOO/COO/MD/VCMD)

