



Company Name : Win Motor

Department Name : Administration

### GENERAL EXPENSE CLAIM FORM



No.	Date	Name	Description	Amount	Remark
1	3.9.2024	Zin Mor Win	၅ ဝေ ရေခဲ:	3500	office Use
2		"	Mask (၂) ဝေ	၆၀၀၀	For Production Employee
3.		"	၂၂ ငါး (၆) ဘဏ္ဍာရန် ရွေး စာ	30000	15.8.24 & 24.8.24
4.		"	ကျွေးမွေးရေး	21500	For customer
5.		"	လှေခါး စီမံခန့်ခွဲရေး	2800	
Total Amount				69800	

Request by  
Sign : *Zin*

Approved by  
*[Signature]*

Checked by  
*Zin*

Approved by  
*[Signature]*

Approved by

Name : Zin Mor Win  
(Requester)

Lae Lae Mon  
(Department Head)

Zin Mor  
(Related FNA/Corp FNA)

Mkung Maung  
(OM/AGM/GM/BOH)

(ACOO/COO/MID/CM)

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