



GENERAL EXPENSE CLAIM FORM



Company Name : Common Purpose

Department Name : Service

No.	Date	Name	Description	Amount	Remark
1	14-6-25	ZX210LCH-54#	Machine loading	30000	operator charges for
		305145	charges for ZX210LCH-56x		machine delivery for
			14# 305145		ZX210LCH-56x 14#
					305145 (loading) to
					Shwe Kyin BR
					Delivery Date- 14-6-25
					Ca Name- U Tin Tin Hlaing
Total Amount				30,000	

Requested by

Approved by

Checked by

Approved by

Approved by

Sign :

Name : Thandar Soe

U Tin Tin Hlaing

Tin Zar Hlaing

Aung The Win

Aye Min Htoon

(Requester)

(Department Head)

(Related FNA/Corp FNA)

(OM/AGM/GM)

(ACOO/COO/MD/VCM)

Operator Name : *U Min Zaev*
 Post : *g/SakaNACH 011230, 09-691450613*
 Business Unit : *Common Purpose*

Date : *14.6.25*
 Saleman :


No	Customer	Model	Serial No	Amount	Time		Remark
					Start	Finish	
1.	<i>U Lin Htike</i>	<i>ZX210LCH-5</i>	<i>305145</i>	<i>30000</i>	<i>3:00 PM</i>	<i>3:30 PM</i>	<i>Operator charges for machine delivery for ZX210 LCH-5 (unit 305145 C Loading) to show kjin BR Delivery Date- 14-6-25 Ca Name- U Lin Lin Htike</i>
Grand Total				<i>30,000</i>			

Prepared By

Acknowledged By

Approved By

Sign : 
 Name : *Thanda Soe*

Sign : 
 Name : *So Nani Ko*

Sign : 
 Name : *Aung The Win*