

ent for fuel chgs; 20000 mmk (100B) and marketing



GENERAL EXPENSE CLAIM FORM

Div/ BR Name : TCL/ KT BR.

Department Name : Administration.

No.	Date	Name	Description	Amount	Remark
	1.9.9.24	Aung Moe Htwe	exp. chgs: (for KT BR)	76000/-	ks
Total Amount					

Requested by

Approved by

Checked by

Approved by

Approved by

Sign :

Name :

Aung Moe Htwe

Theint Htin

May The Khant

May Win Aung

Paing See Lyn

(Requester)

(Department Head)

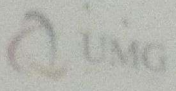
(Related FNA/Corp FNA)

(OM/AGM/GM/BOH/ABOH)

(ACOO/COO/MD/VCM)

04-CFD-TSU-FRM-001-00

TCL-PV-2024-09-0007



CASH CLAIM FORM

Date: 7.9.24
 BU/Div/Cluster: TCL/ KT BR
 Department: Administration
 Total Amount: 58700/-

Budget Code (if any)

- Budgeted Title and Amount
- Expense for

Total - 58700/- (KT Exp)

Reason for: Payment for Miscellaneous (11000 mark, 6000 mark) (office supply expense 19000 mark, 1/2 flower = 16000 mark, 1500 mark)

(The amount requested must be properly calculated, checked and verified by respective authorized person)

(If there is error, fraud or misappropriation, the authorized person must take full responsibility to recover the loss)

Request By Checked By Checked By Approved By Approved By

[Signature] [Signature] [Signature] [Signature] [Signature]

Requester Mgr/Off Finance & Account Director/CEO Director/Chief Executive

Amy Mae Thein Win May Thee May Win
H Mae Loon Htan Khant Amy

လက်ငင်းဖြတ်ပိုင်း

နေ့စွဲ ၁ လ ၅ ရက် ၂၀၂၄

အသုံးအမည် _____ (အ) : _____

ငါးရေ	အမျိုးအမည်	နှုန်း	ကျပ်
	အ အမျိုးအမည်		11000
	ဖိုး စေတနာ		6000

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စီစဉ်

အမျိုးအမည်

၂၀၂၄

Amant
သင့်ငွေ

19000

1200

5500

