

# GENERAL EXPENSE CLAIM FORM

Company Name : Mandalay Resources

Department Name : Service

| No.          | Date    | Name       | Description                | Amount | Remark            |
|--------------|---------|------------|----------------------------|--------|-------------------|
| 1.           | 18.2.25 | ME220#2089 | Gx11 Plastic Bag 30x1800   | 5400   | Repossess Machine |
| 2.           | "       | "          | Burman Tooth Brush 30x1700 | 5100   | Repair For        |
| 3.           | "       | "          | Cork 30x2800               | 7500   | ME220x10#2089     |
| 4.           | "       | "          | leather Bracket 10x4500    | 4500   |                   |
| Total Amount |         |            |                            | 22,500 |                   |

Requested by

Approved by

Checked by

Approved by

Approved by

Sign :



Name : Thandar See  
(Requester)

See Nann Ko  
(Department Head)

Tin Zar Hlaing  
(Related FNA/Corp FNA)

Aung Thu Win  
(OM/AGM/GM)

Aye Min Htoon  
(ACOO/COO/MD/VCM)