

# GENERAL EXPENSE CLAIM FORM

**Company Name** : Winning Way

**Department Name** : Sales & Marketing

No.	Date	Name	Description	Amount	Remark
1	6.05.2025	Zin Zin Oo	Chocolate Cake (U San Maung Birthdy Cake)	40,000/-	
<b>Total Amount</b>				40,000/-	

**Requested by**

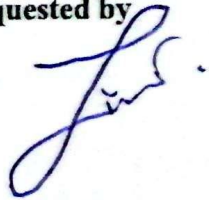
**Approved by**

**Checked by**

**Approved by**

**Approved by**

Sign :



Name : Zin Zin Oo  
(Requester)

U Aung Myat Thu  
(Department Head)

U Phyo Thu  
(Related FNA/Corp FNA)

U Phyo Thu  
(OM/AGM/GM)

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

02-REN-FNA-FRM-002-01

