



# GENERAL EXPENSE CLAIM FORM



Company Name : - Chrysanthemum-wealth

Department Name : - Administration

No.	Date	Name	Description	Amount	Remark
1	10.4.24	New Phaw Mue	Sur Sur လက်ကား (1000x40)	40000/-	
Total Amount				40000/-	

Request by  
Sign :

Name : New Phaw Mue  
(Requester)

Approved by  
  
Name : Khing Nyein Aye  
(Department Head)

Checked by  
  
Name : Tin Nwe Hwe  
(Related FNA/Corp FNA)

Approved by  
  
Name : Maung Maung  
(OM/AGM/GM/BOH)

Approved by  
  
Name : Ko Aye Min Htoon  
(ACOO/COO/MD/VCM)

02-BRM-FNA-FRM-007-01

