



GENERAL EXPENSE CLAIM FORM



Company Name : **ATT BIL**
 Department Name : **Administration**

No.	Date	Name	Description	Amount	Remark
1.	15.5.25	Therese Nway	Adv clean for miscellaneous expense	0/-	
Total Amount				0/-	

Requested by : *[Signature]* Approved by : *[Signature]* Checked by : **Ma Tin Mar** Approved by : **Ko Maung Maung**
 Name : **Therese Nway** (Requester) Department Head : **Therese Nway** (Department Head) Related FNA/Corp FNA : **Ma Tin Mar** (Related FNA/Corp FNA) (OM/AGM/GM) (ACOO/COO/MID/CM)