Evermix Concrete Sdn Bhd
Standard Expenses Claim Form

Name : _____ Date : _____

Plant / Dept : _____ Total pages : _____

Date	Receipt	Description	RM	Remark (If any)
		Total claim		

HRA/ver.1.0/Sept2020

Signature of claimant : _____ Checked by HOD : _____

Verified by HRA : _____ Approved by HOC : _____