



**Mawlamyaing Branch**  
No 93, Zay Kyo Quarter, Mawlamyaing Tsp, Mon State Mawlamyaing  
Tel :  
Fax :

### PAYMENT VOUCHER

Voucher No. : MLM-PV-2025-03-0006      Cashier :  
Voucher Date : 2025-03-06      To :  
Currency : MMK

Applicant      Adm. Manager      GM

No	Description	Purpose	Subtotal
1	PAYMENT FOR TA CHG MMK - 60,000/-, HOTEL CHG MMK - 120,000/-, TOTAL MMK - 180,000/- (YANGON MACHINE DELIVERY)	Admin - Employee Travelling Expenses - Local Trip-MLM	180000 00
Total			180,000 00

Total in Words : \_\_\_\_\_

Note : PAYMENT FOR TA CHG MMK - 60,000/-, HOTEL CHG MMK - 120,000/-, TOTAL MMK - 180,000/- (YANGON MACHINE DELIVERY)

Date : \_\_\_\_\_ Name/NRC No : Myo Hlike Aung      Signature : [Signature]

Date: 27.8.2025

BU/BR/Division: MLM BR

Department: Unit

Issue Amount: 180000/- Kyats/ USD

Budget include (or) Not: (ဗျူဟာစီမံခန့်ခွဲရေးဦးစီးဌာန၏အောက်တွင်)

Yes  Budgeted Title and Amount :

No  Reasons for :

Required For:

MLM to Y&N - customer U Than Htut - 3E210 used delivery and customer U Than Htike - Hitachi 210 used Reman BU Machine Show expense Ks - 180000/-.

မှတ်ချက်:

(၁) အဆင့်ဆင့်သက်ဆိုင်ရာတာဝန်ရှိလူကြီးမင်းများအားလုံး သေချာစွာစုံစမ်းစစ်ဆေးတွက်ချက်ပြီးထားသော ငွေပမာဏဖြစ်ရပါမည်။

(The amount requested must be properly calculated, checked and verified by respective authorized person)

(၂) ထုတ်ယူငွေနှင့် ပတ်သက်၍ အမှားအယွင်း၊ လိမ်လည်မှု နှင့် အလွဲသုံးစားမှု တစ်စုံတစ်ရာ ရှိခဲ့ပါက၊ သက်ဆိုင်ရာ တာဝန်ရှိစစ်ဆေးအတည်ပြုသူက အပြည့် အဝ ပြန်လည်ရရှိအောင် တာဝန်ယူ ဆောင်ရွက်ပေးရမည်

(If there is errors, frauds or misappropriation, the authorized person must take full responsibility to recover the loss)

Request By	Checked By	Checked By	Approved By	Approved By
Requester	Mgr/DH	Finance & Account	GM/AGM/COO	CMC/CEO/Chairwoman
Myo Htike Aung	Myo Htike Aung	May Myint Thee	Myo Htike Aung	





# TRAVELLING REPORT

Date : 27.2.2025

Report To	Kd Paing see Lynn	
Employee Name	Myo Hlike Aung	
Position	ABOH	
Department	Unit	
Business	Manufacturing	
Departure & Arrival	Departure Date And Time	Arrival Date And Time
	23.2.2025 (6 AM) to	26.2.2025 (7 PM)
Total Days		
Trip Information	1. From ..... MLM ..... To ..... YGN .....	
	2. From ..... To .....	
	3. From ..... To .....	
Purpose For Travelling	Customer U Than Hut 3E210 used delivery. Customer U Than Hlike Hitachi 210 used Reman Bill Machine show.	
Travel Date	Activities	Remark
23.2.2025	MLM to YGN	
24.2.2025	U Than Hut contact with Reman Bill	
25.2.2025	U Than Hlike machine show Hitachi . 210 . used.	
26.2.2025	SHANTAI no . machine delivery and . YGN to MLM	

Reported by  
 Sign :   
 Name : Myo Hlike Aung  
 Position : ABOH

Checked by  
 Sign :   
 Name : Myo Hlike Aung  
 Position : ABOH  
 (DI/AGM/GM)

Approved by  
 Sign :   
 Name : Paing See Lynn  
 Position : COO  
 (COO)

05-CHL-HRM-FRM-064-01



# Hotel Broadway Yangon

No. 88, U Yae Khel Str, 2 Ward, Mayangone Tsp, Yangon, Myanmar, Yangon, Yangon, Myanmar

Phone 01 9669291-4 / Fax 01 9669295

URL: www.hotelbroadwayyangon.com

## Invoice

Folio No 79325  
U Myo Htike Aung

Myanmar  
Burmese or Myanmar

G.R. Card No :  
Room No. : 303  
Tariff : 68,000 K

No. of Person : 2 (A) / 0 (C)  
Date of Arrival : 23-Feb-25 5:46:40 PM  
Date of Departure : 28-Feb-25 12:00:00 PM

Ref.No.	Particular	Debit	Credit
23-Feb-25	Tariff ( Room No. : 303 )	68,000 K	
23-Feb-25	Cash		68,000 K
24-Feb-25	Tariff ( Room No. : 303 )	68,000 K	
24-Feb-25	Cash		68,000 K
25-Feb-25	Tariff ( Room No. : 303 )	68,000 K	
25-Feb-25	Cash		68,000 K
<b>Total</b>		<b>204,000 K</b>	<b>204,000 K</b>

Total Rent : 204,000 K

Total Charges : 0 K  
Total Gov Tax : 0 K

Total : 204,000 K  
Flat Discount : 0 K  
Payment : 204,000 K

Balance : 0 K

PAID

Remark :  
Amount In Words : TWO HUNDRED FOUR THOUSAND

This Folio is in : K  
Bill To : Myo Htike Aung  
Address : Myanmar

Reception (C/I) : Ko Zaw Khaing  
Cashier (C/O) :  
Date : 26-Feb-25  
Page : Page 1 of 1

NOTICE TO GUESTS: This property is privately owned and the management reserves the right to refuse service to anyone. Management will not be responsible for accidents or injury to guests or for loss of money, jewelry or valuables of any kind. Management will not be responsible for any item left in the room.

CHECKOUT TIME: 12:00 AM SELF REGISTRATION ONLY  
I AGREE that my liability for this bill is not waived and agree to be held personally liable in event that the indicated person or company failed to pay for any part or full amount of my charges including any missing/damaged items, etc. I agree that if an attorney is retained to collect these charges, I will pay all reasonable attorney's fees and costs incurred. If paid by credit card, you are authorized to charge my account for all charges incurred, including and all damages/missing items, etc. I agree that the sole purpose of renting this room is my own residency only.