



8:53

0.51 KB/s



Ko Paing Soe Lynn (C)

online

BR - Mawlamyaing

Name - Myo Htike Aung

Travel Location - Yangon (HO)

Reason - Customer Ko Phyo Gyi and U  
Thu Taw, U Thein Than

Reman BU SHANTUI 210 Used (4 Units)  
Deal & Delivery

Trip Date - 26.11.2024 to 27.11.2024

Travel Plan - 9G/2555

Estimated Cost

Fuel Chg - 300,000 MMK

TA - 30,000 MMK

Total MMK - 330,000 MMK

Thanks,  
Thinzar Nyo  
Mawlamyaing Branch

Please Approve for Over 40 Miles  
Travelling 🙏🙏🙏

10:11 AM ✓

Thinzar Nyo

Dear Ko Paing, I would like to request Over...

Ok

10:28 AM ✓



Message



# Hotel Broadway Yangon

No.99, U Yae Khel Str, 2 Ward, Mayangone Twp, Yangon, Myanmar, Yangon, Yangon, Myanmar

Phone: 01-9009291~47 ; Fax: 01-9009295

URL: www.hotelbroadwayyangon.com

## Invoice

Folio No. : Folio No.74573  
 Guest Name : U Myo Htike Aung  
 Address :  
 Myanmar  
 Nationality : Burmese or Myanmar  
 Source :

G.R. Card No : Reg No.58481  
 Room No. : 311  
 Tariff : 65,000 K  
 No. of Person : 2 (A) / 0 (C)  
 Date of Arrival : 28-Nov-24 1:24:40 PM  
 Date of Departure : 29-Nov-24 7:17:00 AM

| Date      | Ref.No. | Particular                | Debit    | Credit   |
|-----------|---------|---------------------------|----------|----------|
| 28-Nov-24 |         | Tariff ( Room No. : 311 ) | 65,000 K |          |
| 28-Nov-24 |         | K Pay                     |          | 65,000 K |
| Total     |         |                           | 65,000 K | 65,000 K |

Total Rent : 65,000 K

Total Charges : 0 K

Total Gov Tax : 0 K

Total : 65,000 K

Flat Discount : 0 K

Payment : 65,000 K

Balance : 0 K

**PAID**

*Handwritten signature*

Remark :  
 Amount In Words : SIXTY-FIVE THOUSAND

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

Reception (C/I) : Ko Sithu Maung  
 Cashier (C/O) : Ko Sithu Maung  
 Date : 29-Nov-24  
 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 the event that the indicated person or company failed to pay for any part or full amount of these 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 payment is by credit card you are authorized to charge my account for all charges incurred, including any and all damages/missing items, etc. I agree that the sole purpose of renting this room is for my own residency only.

# Hotel Broadway Yangon

No.99, 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. : Folio No.74538  
 Guest Name : U Myo Htike Aung  
 Address :  
 Myanmar  
 Nationality : Burmese or Myanmar  
 Source :

G.R. Card No :  
 Room No. : 306  
 Tariff : 65,000 K  
 Reg No.58448  
 No. of Person : 2 (A) / 0 (C)  
 Date of Arrival : 27-Nov-24 7:11:20 PM  
 Date of Departure : 28-Nov-24 6:30:54 AM

| Date      | Ref.No. | Particular                | Debit    | Credit   |
|-----------|---------|---------------------------|----------|----------|
| 27-Nov-24 |         | Tariff ( Room No. : 306 ) | 65,000 K |          |
| 27-Nov-24 |         | K Pay                     |          | 65,000 K |
| Total     |         |                           | 65,000 K | 65,000 K |

|                 |          |
|-----------------|----------|
| Total Rent :    | 65,000 K |
| Total Charges : | 0 K      |
| Total Gov Tax : | 0 K      |
| Total :         | 65,000 K |
| Flat Discount : | 0 K      |
| Payment :       | 65,000 K |
| Balance :       | 0 K      |

**PAID**

*[Handwritten Signature]*

Remark :  
 Amount In Words : SIXTY-FIVE THOUSAND

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

Reception (C/I) : Kyaw Thiha Tun  
 Cashier (C/O) : Ko Sithu Maung  
 Date : 29-Nov-24  
 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 the event that the indicated person or company failed to pay for any part or full amount of these 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 payment is by credit card you are authorized to charge my account for all charges incurred, including any and all damages/missing items etc. I agree that the sole purpose of renting this room is for my own residency only



TRAVEL ADVANCE CLEAR FORM

|                              |   |                          |  |
|------------------------------|---|--------------------------|--|
| <b>TRAVEL ADVANCE</b>        |   |                          |  |
| Employee Name                | Mys Hike King   | Estimated Date of Travel | 24-11-2024 (6:00 AM) to 29-11-2024 (6:00 PM) |
| Position Title               | AAOR  | Total Day                | 4 days                                       |
| Department                   | HR & M  | Destination              | Yaswanth                                     |
| Project                      | Customer U. The Hike King, Booking, E 210, 4 mile deals |                          |  |
| <b>Estimated Amount</b>      |   |                          |  |
| Travel Pass                  |   |                          |  |
| Travel Date & Time of Travel |   |                          |  |
| Travel Day                   |   |                          |  |
| Hotel Room                   |   |                          |  |
| Meal Exp                     |   |                          |  |
| Local Transportation/Passes  |   |                          |  |
| Other Estimated Amount       |   |                          |  |

| <b>Advance Clear</b>                |  |                    |                   |
|-------------------------------------|--|--------------------|-------------------|
| Actual Date & Time of Travel        | 17-12-2024                                     | Total Day          | 4 days            |
| Department Date & Time              | 17-12-2024 (6 AM) to                           | Actual Date & Time | 17-12-2024 (6 PM) |
| Date                                | Description                                    | Total Amount       |                   |
|                                     |  | Exp                | USD               |
| 17-12-2024                          | 3 days of travel allowance chgs 15000 x 3 days | 60000              |                   |
|                                     | Diary chgs                                     | 10000              |                   |
|                                     | Hotel chgs (2 days x 45000/-)                  | 90000              |                   |
| Total Expense (Exp/USD)             |  | 160000             |                   |
| Cash Advance (Exp/USD)              |  |                    |                   |
| Balance Refund/Unutilized (Exp/USD) |  |                    |                   |

| <b>Job Report Status</b>                      |                  |          |            |             |
|---|------------------|----------|------------|-------------|
| Authorisation                                 | Name             | Position | Date       | Signature   |
| Prepared By                                   | Mys Hike King    | AAOR     | 17-12-2024 | [Signature] |
| Approved By Dept Head                         | Bhishan Mys      | AA       | 17-12-2024 | [Signature] |
| Approved By CHRO/CCO                          | Mys Hike King    | AAOR     | 17-12-2024 | [Signature] |
| Acknowledged by direct Superior to Job Report | Pravin Sec Gupta | COO      | 17-12-2024 | [Signature] |
| HR Check & Approval                           | Bhishan Mys      | HR       | 17-12-2024 | [Signature] |
| Cash Received                                 | Mys Hike King    | AAOR     | 17-12-2024 | [Signature] |
| Remarks                                       |                  |          |            |             |



# TRAVELLING REPORT

Date: 17.10.2024

|                        |  |                       |
|------------------------|--|-----------------------|
| Report To              | Ko Aing See Lynn   |                       |
| Employee Name          | Myo Htike Aung   |                       |
| Position               | AOH  |                       |
| Department             | Unit   |                       |
| Business               | Moulamye   |                       |
| Departure & Arrival    | Departure Date And Time                                      | Arrival Date And Time |
|                        | 26.11.2024 (6:00 AM)   | 29.11.2024 (6:00 PM)  |
| Total Days             |  |                       |
| Trip Information       | 1. From ..... NLN ..... To ..... VGN .....                   |                       |
|                        | 2. From ..... To .....                                       |                       |
|                        | 3. From ..... To .....                                       |                       |
| Purpose For Travelling | Customer U Th Moc Aung, SE 210, 4 unit deal.                 |                       |
| Travel Date            | Activities   | Remark                |
| 26.11.2024             | - Go to Yangon.<br>(Customer came to inspect the excavator.) |                       |

Reported by  
 Sign :   
 Name : Myo Htike Aung  
 Position : AOH

Checked by  
 Sign :   
 Name : Myo Htike Aung  
 Position : AOH  
 (DH/AGM/GH)

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

05-CHL-HRM-FRM-064-01

**Requestion Date** 11/27/2024

**Requestion Name** Myo Hike Aung

**Holding Business** Mawlamyaing

**Department** Administration

**HR Acknowledge** Thinzar Nyo

**Total Charges** 10,000.00

**Taxi Claim Charges Details**

| # | Date       | Employee Na... | Departure Time... | Start Location... | End Location... | Claim Amount... | Allowed Amount... | GA Feedback... | Rental Purpose                                | Remark... |
|---|------------|----------------|-------------------|-------------------|-----------------|-----------------|-------------------|----------------|---|-----------|
| 1 | 11/27/2024 | Myo Hike Aung  | 07:00             | Tha Mine          | Reman           | 5,000.00        | 5,000.00          |                | Customer U Tin Moe Aung, Shantui 4 Units Deal |           |
|   |            |                | 17:00             | Reman             | Tha Mine        | 5,000.00        | 5,000.00          |                | Customer U Tin Moe Aung, Shantui 4 Units Deal |           |

**ARRIVAL REPORT**

Date: 17-10-2024

| Arrival Date And Time |
|-----------------------|
| 17-10-2024 (6:00 PM)  |

Deal.



# TAXI CHARGES FORM

BU/BR/DIV Name : Ngoulamjine

Department Name : Unit

| No.                | Date       | Name         | Description | Departure Time    | Routes |       | Cost    | Remark   |  |
|--------------------|------------|--------------|-------------|-------------------|--------|-------|---------|----------|--|
|                    |            |              |             |                   | From   | To    |         |          |  |
| 1.                 | 07-11-2024 | Myo Hile Aug | Taxi Chge   | 7:00AM to 7:30 AM | Reman  | Reman | 5000 /- |          |  |
| 2.                 | "          | "            | "           | 5:00PM to 5:30 PM | Reman  | Hotel | 5000 /- |          |  |
|                    |            |              |             |                   |        |       |         |          |  |
|                    |            |              |             |                   |        |       |         |          |  |
|                    |            |              |             |                   |        |       |         |          |  |
|                    |            |              |             |                   |        |       |         |          |  |
| Total Taxi Charges |            |              |             |                   |        |       |         | 10000 /- |  |

Requested by  
 Sign : [Signature]  
 Name : Myo Hile Aug  
 Dept. : Unit  
 (Requestor)

Acknowledged by  
 Sign : [Signature]  
 Name : Myo Hile Aug  
 Dept. : Unit  
 (HR/Admin)

Approved by  
 Sign : [Signature]  
 Name : Myo Hile Aug  
 Dept. : Unit  
 (BO/GA)

Acknowledged by  
 Sign : [Signature]  
 Name : Myo Hile Aug  
 Dept. : Unit  
 (DID)

Acknowledged by  
 Sign : [Signature]  
 Name : Paing Soe Ly  
 Dept. : [Blank]

OS-CHL-GAV-FRM-012-01