

PT Trakindo Utama

## Purchase Request (Manual Form)

Date Request : 30-Sep-19  
 Requestor Name : Rinny Nur Pratiwi  
 Requestor Email : [rinny.pratiwi@trakindo.co.id](mailto:rinny.pratiwi@trakindo.co.id)  
 Plant (Branch Code) \* : 1Z02 - Central Service - TU  
 Department : Learning & Talent Development  
 Division : Head Office

PR #

Type of Purchase \*  CAPEX  OPEX

For CAPEX, select the following type \* :

CAPEX IT  New Building  
 CAPEX

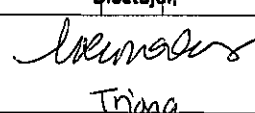
Reason for Purchase (Including justification for replacement)  
 Permintaan Tanaman for TC Cileungsi




Material/ Service# *	Material/ Service Desc*	Mat/Serv Grp.	Qty	UoM	Req. Date	Estimate Price	G/L Account	Assign Code*	2Acc. Assign #*
	Aglaonema	N1108 - It Maint/Repair	10		07/10/2019	40.000	7000003504	K	10Z0299HT
	Peperomia Anggyreia	N1108 - It Maint/Repair	10		07/10/2019	50.000	7000003504	K	10Z0299HT
	Begonia	N1108 - It Maint/Repair	10		07/10/2019	35.000	7000003504	K	10Z0299HT
	Keladi Merah	N1108 - It Maint/Repair	10		07/10/2019	25.000	7000003504	K	10Z0299HT
	Marigold	N1108 - It Maint/Repair	10		07/10/2019	15.000	7000003504	K	10Z0299HT
	Lidah Mertua	N1108 - It Maint/Repair	10		07/10/2019	50.000	7000003504	K	10Z0299HT
	Pot	N1108 - It Maint/Repair	20		07/10/2019	25.000	7000003504	K	10Z0299HT

Notes:

Delivery to:

Jl. Raya Narogong KM 19 Cileungsi

SOURCING & PROCUREMENT	
Alasan Pemberian Adhoc : <input checked="" type="checkbox"/> Tidak ada kontrak <input checked="" type="checkbox"/> Tidak rutin <input type="checkbox"/> Nilai > 1 MRO - < 5MRO <input type="checkbox"/> ..... Mengacu pada PROP pasal 4.1.2	Disetujui,  Nama : Triana Tanggal : 08/10/19
Item yang disetujui Adhoc : Pembelian bunga yg kebwtaha TC Cileungsi Total Cost - 2.650.000,-	
Pembelian dilakukan oleh user, lampirkan copy PR ini pada ERF (Expense Request Form) untuk pembayaran ke Finance	

Requested by	1st Approval	2nd Approval	3rd nd Approval
 Rinny Nur Pratiwi / 07-10-19 Requestor	 Christianti Fiska / 07-10-2019 Title: Supervisor - TC Facilities	 (IRA O.) Signature/Name/Date Human Resource HO **	Signature/Name/Date Title :

Note: \* Please check on the guidelines