

CHECK LIST DOCUMENT PURCHASING

NO DOC : 08. 18.02.2014.REV.02

FILLED BY ADMIN

PR NO: 50HF200003 DATE RECEIVED FROM USER: 20 FEB 20 RECEIVED BY: GB
 DATE SUBMITS PR TO BE APPROVED: _____ DATE RECEIVED PR APPROVED: _____
 DATE INPUT PR APPROVED TO REPORT: 20 FEB 20 DATE SUBMITS PR TO BUYER: 20 FEB 20
 RECEIVED OF BUYER BY: MW PR SAP NO : _____ DATE APPROVED PR SAP: _____

FILLED BY BUYER & PUREPS

DATE SUBMIT PR AND SUPPORT DOCUMENTS TO PUREPS/ADMIN*): _____
 RECEIVED PR AND SUPPORT DOCUMENTS OF PUREPS/ADMIN BY*): _____
 DATE RAISE PO SAP/TRADE/RECEIVED*): _____ PO SAP/TRADE NO: _____ DATE APPROVED PO _____
 DATE SUBMITS PO SAP/TRADE TO ADMIN*): _____ RECEIVED BY: _____
 DATE SUBMITS PO TO SUPPLIER LOCAL: _____ SUPPLIER NAME: _____
 DATE SUBMITS PO TO USER: _____ RECEIVED OF USER BY: _____

FILLED BY PUREPS, BUYER & ADMIN

DATE RECEIVED GOODS FROM SUPPLIERS / CKB / PROVIDER*): _____
 RECEIVED GOODS BY: _____
 DATE SUBMITS GOODS TO USER: _____ RECEIVED OF USER BY: _____
 DATE RECEIVED TA FROM EXPEDITOR: _____ RECEIVED BY: _____
 DATE SUBMITS TA TO BUYER TO GR PROCESS: _____ RECEIVED OF BUYER BY: _____
 DATE GR PROCESS: _____ DATE SUBMITS TA TO ADMIN: _____
 DATE TA INPUT TO REPORT: _____ DATE TA SUBMIT TO ADMIN FILLING DOC: _____

TO BE CHECKED BY ADMIN BEFORE FILING DOCUMENT. DATE FILLING/SCAN DOC: _____

PR
 PO/CASH *)
 SUPPORT DOCUMENT (BIDDING , FOTO,EMAIL, DLL)
 TRANSMITTAL ADVICE (TA) / BAST

Binder File name (nama penyimpanan file di binder :

JP	MP	DA
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PT Trakindo Utama

Purchase Request Manual Form

PR date : 1 0 / 0 2 / 2 0 2 0

PR No. : 5 0 H F 2 0 0 0 0 3

Requestor : MITHA PADEMME

PR Type : CAPEX

e-Mail : mitha.pademme@trakindo.co.id

If CAPEX, select type : Standard

Plant Code : 1C50 - TIMIKA

Account. Assign. Cat. : K - Cost Center

Department : PRODUCT SUPPORT

Reason of purchase (include justification for replacement)

Division : SOS LAB

FOR SOS CONSUMABLE

Cost Center : 1 0 C 5 0 6 0 H F

Required date : 1 5 / 0 2 / 2 0 2 0

Deliver to : SOS LAB KUALA KENCANA

No.	Description	Material group	Qty	UoM	Cost estimation (per unit)	Category	Sub Category	GL Account / Fixed Asset No.																	
1	KARET GELANG	N0602 - Daily Work Tools	2	PACK				7000058001902 600003001																	
2	MINYAK TANAH	N0606 - SOS Chemicals	100	LITER				1902 5808 7000005978																	
3	TEMPAT SAMPAH (UKURAN SEDANG)	N1704 - Pantry Supplies	1	EA				6000063001 700003000																	
4	<div style="border: 1px solid black; padding: 5px;"> <p style="text-align: center;">PURCHASING SECTION TTD</p> <table border="1" style="width: 100%;"> <tr> <th>PR Completeness</th> <th>Supplier Status</th> </tr> <tr> <td><input checked="" type="checkbox"/> Description</td> <td><input checked="" type="checkbox"/> Existing Supplier</td> </tr> <tr> <td><input checked="" type="checkbox"/> Quantity Order</td> <td><input type="checkbox"/> New Supplier</td> </tr> <tr> <td><input checked="" type="checkbox"/> Account Charge</td> <td></td> </tr> <tr> <td><input type="checkbox"/> CER / EER</td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/> Approval / Signature</td> <td>Remarks/Comment :</td> </tr> <tr> <td><input checked="" type="checkbox"/> Attachment</td> <td rowspan="4" style="vertical-align: top;"> Purchasing Coord. Supri </td> </tr> <tr> <td><input type="checkbox"/> Quotation</td> </tr> <tr> <td><input type="checkbox"/> List Details</td> </tr> <tr> <td><input checked="" type="checkbox"/> Other</td> </tr> </table> </div>								PR Completeness	Supplier Status	<input checked="" type="checkbox"/> Description	<input checked="" type="checkbox"/> Existing Supplier	<input checked="" type="checkbox"/> Quantity Order	<input type="checkbox"/> New Supplier	<input checked="" type="checkbox"/> Account Charge		<input type="checkbox"/> CER / EER		<input checked="" type="checkbox"/> Approval / Signature	Remarks/Comment :	<input checked="" type="checkbox"/> Attachment	 Purchasing Coord. Supri	<input type="checkbox"/> Quotation	<input type="checkbox"/> List Details	<input checked="" type="checkbox"/> Other
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<input type="checkbox"/> List Details																									
<input checked="" type="checkbox"/> Other																									
5																									
6																									
7																									
Additional notes:																									

Requestor	1st Approval	2nd Approval	3rd Approval
 Signature/Date MITHA.P 10/2/20	 Signature/Name/Date Title: DOLYANUS 10/2/20	 Signature/Name/Date Title: Darren G. Habel	 Signature/Name/Date Title: Irwan Sihaloho

