PT. TRAKINDO UTAMA

EXPENSES CLAIM VOUCHER

Month : September
Year : 2018

N a m e : Rusdianto Rustan
SN.SAP/CODA : 13931
Department : Sales
Branch : Nabire
Division : E.I.A

Payment by : Cash / ~~Transfer~~
Acc. No. :
B a n k :

D a t e	Description	Entertaiment Expenses *)	Foreign Currency	Rupiah Equivalent	Expense Code
27-Sep-18	Daily expence customer Biak			250,000	7000002004 Hotel Accomodation
28-Sep-18	Daily expence customer Biak			250,000	7000002004 Hotel Accomodation
	Entertainment Dinner Cst Biak or Rent Car			400,000	7000002301 Entertainment Allow
	Transport at Biak and Boat to Serui			350,000	7000002009 Vessel/Boat Ticket
29-Sep-18	Daily expence customer Serui			250,000	7000002004 Hotel Accomodation
30-Sep-18	Daily expence customer Serui			250,000	7000002004 Hotel Accomodation
	Entertainment Dinner Cst Serui or Rent Car			400,000	7000002301 Entertainment Allow
	Transport at Serui and Boat to waropen			350,000	7000002009 Vessel/Boat Ticket
1-okt-18	Daily expence customer Waropen			250,000	7000002004 Hotel Accomodation
2-okt-18	Daily expence customer Waropen			250,000	7000002004 Hotel Accomodation
	Entertainment Dinner Cst Waropen or Rent Car			400,000	7000002301 Entertainment Allow
	Transport at Waropen and Transport back to Biak			350,000	7000002009 Vessel/Boat Ticket
3-okt-18	Daily Expence			250,000	7000002004 Hotel Accomodation
T o t a l		**Rp.**		**4,000,000**	
Advance Received		**Rp.**			
		Rp.			
Sub Total Advance & Credit Card		**Rp.**			
~~Refund~~ / (Claim)		**Rp.**		**(4,000,000)**	

(Amount of ~~Refund~~ / Claim in Words : Dua Juta Dua Ratus Tujuh Puluh Dua Ribu Rupiah)

Claimant	Verify	Approved	Account Dept.	Sign Receipt
Rusdianto Rustan	Berlin Pabunta	Semuel Tikupadang	As'ad Nawawi	Rusdianto Rustan

For Account use only

Account Code	Amount

Input by,

(.....)
D a t e : .... / .... / .....

Cashier Sign Receipt
For REFUND

(.....)
BN Re .....
Date .....
BDS Ref .....
Date .....

N o t e : - *) Please complete this column for the Tax Allowable Entertainment Expenses and complete the "DAFTAR NOMINATIF"
- Please cross unused lines

Form 163R-01