



PT. TRAKINDO UTAMA

Date

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TRAVEL ASSUREDNES FORM

Name : **M. Hasanudin Febrian**
Company : **PT. Trakindo Utama**
S.N. : **4003721/4781**
Department : **Service**
Branch : **Bengkulu**
Division : **South-Sum**

Refer to PO. No / Contract Agreement No.
we ensure guarantee to give ticket and or accomodation for :

Name	Company	Destination	Purpose
Herina Gusnanie	Istri	Palembang	Annual Leave
Siti Salwa Hasanah	Anak, 11 Tahun	Palembang	Annual Leave
M. Sultan Rafi Hasan	Anak, 9 Tahun	Palembang	Annual Leave
M. Sultan Fatih Hasan	Anank, 8 Tahun	Palembang	Annual Leave

All cost for this travel will be charged to:

Customer/Vendor

Company

A/C No. :

Guarantor,

(M. Hasanudin Febrian)

Verified by,
HR branches

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Acknowledged by
Travel Section,

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* Re-Route Approval:

Approved By:

(Representative Office Head)

Approved By:

(General Manager South Sumatera)