



EMPLOYEE EXPENSE CLAIM VOUCHER



ECV No	: CV-20191202-0177	ECV Date	: 02-12-2019
Department	: SERVICE	ECV Status	: APPROVED BY SUPERIOR
Employee SN	: 00003915	Division	: NORTHERN SUM
Employee Name	: JUNIARTO	Branch	: DURU
Employee Email	: JUNIARTO@TRAKINDO.CO.ID	Cost Center	: 10F2060HG

Cash Detail

Refer to	: -
Credit Card Settlement	: NO
TCAR Period	: -

Business Travel

Date	Expense Type	Description	TCAR Ref	Cost Center	WO No.	Currency	Actual Expense
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Non-Travel

Date	Expense Type	Description	TCAR Ref	Cost Center	WO No.	LoB	Currency	Actual Expense
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Expense Type	Currency	Periode	Actual Expense
Allocated Vehicle - Fuel	IDR	04-11-2019 - 28-11-2019	1,340,000.00

Status	Currency	Actual Expense
Claim	IDR	1,340,000.00

Approval Matrix

SN	Employee Name	Roles	Email	Status
00002919	ACHMAD RIDJALUDIN	SUPERIOR	ARIDJALU@TRAKINDO.CO.ID	APPROVED
-	[VERIFICATION SECTION]	VERIFICATION SECTION	-	WAITING FOR APPROVAL

File Attachments

Created Date	Created Name	Name
12/2/2019 12:58:54 PM	ACHMAD RIDJALUDIN	Fuel BM1798AH Nov 19.pdf

I hereby declare that all the information above is true and correct, supported by adequate evidence as required by the Company policies in filling in a claim. I understand that filing a false claim will result in rejection from the approver and any other disciplinary actions based on Company policies.

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