

EMPLOYEE EXPENSE CLAIM VOUCHER



ECV No : CV-20200928-0077 **ECV** Date : 28-09-2020 : SERVICE FIELD **ECV Status** : CREATED Department Employee SN : 00004201 Division : SUMATERA **Employee Name** : EFENDI Branch : PEKANBARU **Employee Email** : E.EFENDI@TRAKINDO.CO.ID Cost Center : 10F1960HA

Claim Number : 1

Cash Detail

Refer to : -

Credit Card : NO 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 / IO No.	LoB	Currency	Actual Expense
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Expense Type	Currency	Periode	Actual Expense
Operation Vehicle - Fuel	IDR	23-09-2020 - 25-09-2020	350,000.00
Operation Vehicle - Repair & Maintenance	IDR	26-09-2020 - 26-09-2020	55,000.00

Status	Currency	Actual Expense
Claim	IDR	405,000.00

Approval Matrix

SN	Employee Name	Roles	Email	Status
00003129	POSMA HOTMAN SIRAIT	SUPERIOR	posma.sirait@trakindo.co.id	WAITING FOR APPROVAL
-	[VERIFICATION SECTION]	VERIFICATION SECTION	-	WAITING FOR APPROVAL

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 filling a false claim will result in rejection from the approver and any other disciplinary actions based on Company policies.

This is a system generated document. Should there be any difference of the information and/or the amount printed on this statement and in the system, the correct information is as stated in the system.