EMPLOYEE EXPENSE CLAIM VOUCHER

ECV No	: CV-20230904-0311	ECV Date	: 04-09-2023
Department	: PS SALES SUPERVISION	ECV Status	: CREATED
Employee SN	: 00013133	Division	: JAVA
Employee Name	: MUHAMMAD SUBHAN ANWAR	Branch	: MATARAM
Employee Email	: MUHAMMAD.ANWAR@TRAKINDO.CO.ID	Cost Center	: 10A1230FZ
		Claim Number	: 1

Cash Detail

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

Business Travel

Date	Expense Type	Description	TCAR Ref	Cost Center	WO / IO No.	Currency	Actual Expense

Non-Travel

Date	Expense Type	Description	TCAR Ref	Cost Center	WO / IO No.	LoB	Currency	Actual Expense

VER

Expense Type	Currency	Periode	Actual Expense
Operation Vehicle - Fuel	IDR	15-08-2023 - 04-09-2023	950,000.00

Status	Currency	Actual Expense
Claim	IDR	950,000.00

Approval Matrix

SN	Employee Name	Roles	Email	Status
10001009	YUDHI ANDIKA PRATAMA	GENERAL ADMIN	yudhi.a.pratama@trakindo.co.id	WAITING FOR APPROVAL
00004505	ANDY SURYANTO	SUPERIOR	andy.suryanto@trakindo.co.id	WAITING FOR APPROVAL
-	[VERIFICATION SECTION]	VERIFICATION SECTION	-	WAITING FOR APPROVAL

File Attachments

Created Date	Created Name	Name
9/4/2023 4:07:07 PM	MUHAMMAD SUBHAN ANWAR	VER-20230902-0020_Fuel DK1209FAW.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.