



# EMPLOYEE EXPENSE CLAIM VOUCHER



ECV No	: CV-20221031-0347	ECV Date	: 31-10-2022
Department	: PS SALES SUPERVISION	ECV Status	: APPROVED BY SUPERIOR
Employee SN	: 00005193	Division	: SUMATERA
Employee Name	: FAIZAL RIZAL	Branch	: DURU
Employee Email	: FAISAL.RIZAL@TRAKINDO.CO.ID	Cost Center	: 10F2030FZ
		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
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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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## VER

Expense Type	Currency	Periode	Actual Expense
Operation Vehicle - Toll	IDR	17-10-2022 - 31-10-2022	207,000.00
Operation Vehicle - Fuel	IDR	12-10-2022 - 30-10-2022	1,200,000.00
Operation Vehicle - Repair & Maintenance	IDR	15-10-2022 - 30-10-2022	90,000.00

Status	Currency	Actual Expense
Claim	IDR	1,497,000.00

## Approval Matrix

SN	Employee Name	Roles	Email	Status
00006805	IDA ROMA SIREGAR	GENERAL ADMIN	ida.roma@trakindo.co.id	APPROVED
00011803	FIKRI MUCHLIS	SUPERIOR	fikri.muchlis@trakindo.co.id	APPROVED
-	[VERIFICATION SECTION]	VERIFICATION SECTION	-	WAITING FOR APPROVAL

## File Attachments

Created Date	Created Name	Name
11/2/2022 8:49:30 AM	FIKRI MUCHLIS	20221031_192652-1.jpg

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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*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.*