



PT.SUPRACO INDONESIA
 2nd Floor, Jl.Kapten Tendean No.24
 Mampang Prapatan
 Jakarta 12720 - Indonesia
 Phone : 7191070 (Hunting)
 Fax : 7191077
 e-mail : finance@supraco.com

ORIGINAL

PI

PT. SCHLUMBERGER GEOPHYSICS NUSANTARA
 Jalan Jend. Gatot Subroto Suite 4301 No.42, Gedung Wisma Mulia,
 Kuningan Barat, Jakarta Selatan

Invoice No. : PI0335/INV/2026
 Company Code : 29
 Date : 04 May 2026
 Contract No. : CW2712367 Amandemen No.2
 Contract Expiration Date : 31 December 2026
 For the period of : MAY 2026

Customer No. :
 Contract Scope : SERVICE AGREEMENT

Requester : Finance Dept / Account Payable

No	Part No	Description	PO	GR NUMBER	COST CENTRE	Quantity	Unit Price	Total
		LOCATION : DURI						IDR
1	SUPRACO	SUM VAR APRIL 2026 - 1-31 MARCH 2026 OSP SGN.			ID100318	1 Month	2,636,300	2,636,300
		Total Payment						2,636,300
		PT. Supraco Indonesia NPWP : 01.306.780.6.062.000						
							Total Payment by Schlumberger	2,636,300

Note : Please find the attachment (Billing Summary)

In Words : (Rupiah : Two Million Six Hundred Thirty Six Thousand Three Hundred Only)

I certify that this Invoice is true and correct that payment thereof has not been Invoiced or received previously.

Please remit to :

PT. SUPRACO INDONESIA	
Bank Account	: 905.021069.900
Bank Name	: HSBC INDONESIA
Address	: WTC Building Jakarta
Swift Code	: HSBCIDJA



Name : NOVIA INGGRANI
 Title : PROJECT MANAGER



BILLING SUMMARY (BACK UP INVOICE SCHLUMBERGER)
: MAY 2026
PERIODE TIMESHEET : Apr 2026
PROJECT : CW 2712367 (OSP/SERVICE CONTRACT)

NO	NAME	EMP NO.	GIN	POSITION	COST CENTRE	Overtime			Expense MCU	Sub Total Base Cost per month	ADM Fee	Total Payment
						OT	Rate OT	TOTAL			5.5%	
											TOTAL	g=a+f
	SGN											
1	Herianto	170967	0	Gardener	ID100318	22	13,584	298,844	2,200,000	2,498,844	137,436	2,636,280
						22	13,584	298,844	2,200,000	2,498,844	137,436	2,636,300

NILAI PO



OVERTIME AUTHORIZATION FORM



QA No. _____
WO/PO. No. _____

PAYROLL PERIOD: Maret
NAME OF EMPLOYEE: Heriyanto
POSITION: Gardener
DEPARTMENT: FACILITY
WORK LOCATION: PRASUMILIT BASE

OVERTIME REQUESTOR / USER: Roby Maulana
BUSINESS LINE: FACILITY
CONST CENTER: 100318
LEGAL ENTITY: _____
ID/BADGE: _____

This is to certify that the above-mentioned employee was requested to render overtime as indicated hereunder

DATE	DAY	TIME		TOTAL WORKING HOURS	REASON FOR WORKING HOURS	WORKING AREA FOR OT	SIGNATURE OF REQUESTOR
		STARTED	ENDED				
30-03-26	Senin	13.00	15.00	3	BACK-UP Jember for UP	BASE	Roby
31-03-26	Selasa	13.00	15.00	3	BACK-UP Jember for UP	BASE	Roby
TOTAL WORKING HOURS							

SIGNATURE OF EMPLOYEE: Heriyanto
APPROVED BY: [Signature]
SLB SPV

ACCEPTANCE - WORKING HOURS VERIFIED BY: [Signature]
NAME & SIGNATURE OF OVERTIME REQUESTOR / USER

SUPRACO REPRESENTATIVE

HR - VERIFICATION BOX

TOTAL OT	RATE/HR	TOTAL PAY

HR Manager



OVERTIME AUTHORIZATION FORM



QA No. _____
WO/PO. No. _____

PAYROLL PERIOD: Maret
NAME OF EMPLOYEE: Heriyanto
POSITION: Gardener
DEPARTMENT: FACILITY
WORK LOCATION: PRASUMILIT BASE

OVERTIME REQUESTOR / USER: Roby Maulana
BUSINESS LINE: FACILITY
CONST CENTER: 100318
LEGAL ENTITY: _____
ID/BADGE: _____

This is to certify that the above-mentioned employee was requested to render overtime as indicated hereunder

DATE	DAY	TIME		TOTAL WORKING HOURS	REASON FOR WORKING HOURS	WORKING AREA FOR OT	SIGNATURE OF REQUESTOR
		STARTED	ENDED				
1-04-26	RABU	13.00	15.00	3	BACK-UP Jember for UP	BASE	Roby
2-04-26	KAMIS	13.00	15.00	3	BACK-UP Jember for UP	BASE	Roby
TOTAL WORKING HOURS							

SIGNATURE OF EMPLOYEE: Heriyanto
APPROVED BY: [Signature]
SLB SPV

ACCEPTANCE - WORKING HOURS VERIFIED BY: [Signature]
NAME & SIGNATURE OF OVERTIME REQUESTOR / USER

SUPRACO REPRESENTATIVE

HR - VERIFICATION BOX

TOTAL OT	RATE/HR	TOTAL PAY

HR Manager



**RUMAH SAKIT
FADHILAH**

Jl. Jend. Sudirman No. 21 Patih Galang Prabumulih Barat Smp. - Fax. 08111 522938

KWITANSI PEMBAYARAN

BIAYA RAWAT JALAN, UGD, PENUNJANG DIAGNOSTIK

No. : 00905

NAMA : Herianto
ALAMAT : Patih Galang

NO.	JENIS PELAYANAN	BIAYA	KETERANGAN
1.	Jasa Dokter		
2.	Obat - obatan / Alat & bahan Medis		
3.	Tindakan		
4.	Rontgen / Labor / Fisioteraphy		
5.	USG / ERG		
6.	Administrasi		
7.	PERIKSA MCU	Rp. 2.200.000	
8.			
9.			
TOTAL BIAYA		Rp. 2.200.000	

Terbilang : 714 / 20 26
Prabumulih

APK
Pasien,

Herianto
PK

Kesehatan
**RUMAH SAKIT
FADHILAH**

HERIANTO