



**SUPRACO**

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

**ORIGINAL**

**PI**

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

Invoice No. : **PI0667/INV/2025**  
Date : **27 October 2025**  
Contract No. : **CW2712367 Amandemen No.2**  
Contract Expiration Date : **31 December 2026**  
For the period of : **OCTOBER 2025**

Customer No. :  
Contract Scope : **SERVICE AGREEMENT**

Requester : Finance Dept / Account Payable

No	Part. No	Description	PO Number	GR Number	PO Line	COST CENTRE	Unit Price	Total IDR
1	SUPRACO	LOCATION : RUMBAI  SUM VAR OCTOBER 2025 - 1-30 SEPTEMBER 2025 SGN.  Total Payment + ADM Fee  PT. SUPRACO INDONESIA NPWP : 01.306.780.6.062.000			Line 1	ID100101	449,000	449,000
								449,000
Note : Please find the attachment (Billing Summary)								<b>449,000</b>

In Words : **( Rupiah : Four Hundred Forty Nine Thousand 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
Adress	: WTC Building Jakarta
Swift Code	: HSB CIDJA



Name : **NOVIA INGGRANI**  
Title : **PROJECT MANAGER**

[illegible]

Based on this report and by the end of month, we will submit our Invoice period of Sep 2025 to PT. Schlumberger Geophysics Nusantara - DURI

SLB SPV

SUPRACO REPRESENTATIVE


---

HR VERIFICATION BOX

TOTAL OT	RATE/HR	TOTAL PAY

HR Manager


---



SLB SPV

WOL/PQ No

### OVERTIME AUTHORIZATION FORM



---

PAYROLL PERIOD SEPTEMBER

NAME OF EMPLOYEE Joan Ferra

POSITION Janitor

DEPARTMENT

WORK LOCATION Phagmulin Base

OVERTIME REQUESTOR / USER

BUSINESS LINE tlm - PP WL

CONST CENTER 0713943/36030800

LEGAL ENTITY PT. SGA

ID/BADGE 06432769

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				
<u>07/09/2025</u>		<u>13:00</u>	<u>17:00</u>	<u>5</u>	<u>cleaning Oil Spill at Pit mudam</u>	<u>BASE</u>	<u>ASEP.</u>
TOTAL WORKING HOURS							

SIGNATURE OF EMPLOYEE [Signature]

APPROVED BY [Signature]

ASEP. N. Imech.

SLB SPV

ACCEPTANCE WORKING HOURS VERIFIED BY [Signature]

NAME & SIGNATURE OF OVERTIME REQUESTOR / USER ASEP. N

---

SUPRACO REPRESENTATIVE

---

HR VERIFICATION BOX

TOTAL OT	RATE/HR	TOTAL PAY

HR Manager

**spc**  
SUPRACO

**OVERTIME AUTHORIZATION FORM**

**slb**

OA No: \_\_\_\_\_  
WO/PO No: \_\_\_\_\_

PAYROLL PERIOD: September  
NAME OF EMPLOYEE: AKBAR SURYA R  
POSITION: Janitor  
DEPARTMENT: Facility  
WORK LOCATION: PRABUMULIH BASE

OVERTIME REQUESTOR / USER: ROBBY MAULANA  
BUSINESS LINE: Facility  
CONST CENTER: 30 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				
20/09/25	SABTU	13.00	17.00	5	Pembersihan toilet	Base	ROBBY
28/09/25	MINGGU	13.00	17.00	5	Pembersihan all store	Base	ROBBY
TOTAL WORKING HOURS							

AKBAR SURYA RAMAHAHAN A  
SIGNATURE OF EMPLOYEE

APPROVED BY: [Signature]  
SLB SPV

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

HR VERIFICATION BOX

TOTAL OT	RATE/HR	TOTAL PAY

SUPRACO REPRESENTATIVE

HR Manager

**spc**  
SUPRACO

**OVERTIME AUTHORIZATION FORM**

**slb**

OA No: \_\_\_\_\_  
WO/PO No: \_\_\_\_\_

PAYROLL PERIOD: September  
NAME OF EMPLOYEE: AKBAR SURYA  
POSITION: Janitor  
DEPARTMENT: FACILITY  
WORK LOCATION: PRABUMULIH BASE

OVERTIME REQUESTOR / USER: TLM - RP WL  
BUSINESS LINE: 0413943 / 36030800  
CONST CENTER: PT. SEM  
LEGAL ENTITY: \_\_\_\_\_  
ID/BADGE: 064132769

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				
13/09/25	SABTU	13.00	17.00	5	Pembersihan Air Manah	Base	Asef N
TOTAL WORKING HOURS							

AKBAR SURYA RAMAHAHAN A  
SIGNATURE OF EMPLOYEE

APPROVED BY: [Signature]  
SLB SPV

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

HR VERIFICATION BOX

TOTAL OT	RATE/HR	TOTAL PAY

SUPRACO REPRESENTATIVE

HR Manager