



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. : **PI0668/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	ID100054	1,066,800	1,066,800
								1,066,800
Note : Please find the attachment (Billing Summary)								1,066,800

In Words : **(Rupiah : One Million Sixty Six Thousand Eight 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
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

		OVERTIME AUTHORIZATION FORM					
QA No. :							
WO/PO. No :							
PAYROLL PERIOD :		OVERTIME REQUESTOR / USER : <u>Mia Pramesti</u>					
NAME OF EMPLOYEE : <u>Denny Bastian</u>		BUSINESS LINE :					
POSITION : <u>Halper</u>		CONST CENTER :					
DEPARTEMENT : <u>Supraco</u>		LEGAL ENTITY :					
WORK LOCATION : <u>Kumbang base</u>		IDBADGE :					
This is to certify the above-mentioned employee was requested to render overtime as indication hereunder							
DATE	DAY	TIME		TOTAL WORKING HOURS	REASON FOR WORKING HOURS	WORKING AREA FOR OT	SIGNATURE OF REQUESTOR
		STARTED	ENDED				
23 Sept 2025	Saturday	16.00	18.00		Pancucian Voco 5074		<i>[Signature]</i>
TOTAL WORKING HOURS							
<u>Denny Bastian</u> SIGNATURE OF EMPLOYEE		ACCEPTANCE - WORKING HOURS VERIFIED BY :					
		<u>Mia Pramesti</u> NAME & SIGNATURE OF OVERTIME REQUESTOR / USER					
APPROVED BY :		_____ SUPRACO REPRESENTATIVE					
HR VERIFICATION BOX							
		TOTEL OT	RATE/ HR	TOTAL PAY			
HR Manager							

		OVERTIME AUTHORIZATION FORM					
QA No. :							
WO/PO. No :							
PAYROLL PERIOD :		OVERTIME REQUESTOR / USER : <u>Mia Pramesti</u>					
NAME OF EMPLOYEE : <u>Denny Bastian</u>		BUSINESS LINE :					
POSITION : <u>Halper</u>		CONST CENTER :					
DEPARTEMENT : <u>Supraco</u>		LEGAL ENTITY :					
WORK LOCATION : <u>Kumbang base</u>		IDBADGE :					
This is to certify the above-mentioned employee was requested to render overtime as indication hereunder							
DATE	DAY	TIME		TOTAL WORKING HOURS	REASON FOR WORKING HOURS	WORKING AREA FOR OT	SIGNATURE OF REQUESTOR
		STARTED	ENDED				
16 Sept 2025	Monday	16.00	18.00		Pancucian Voco		<i>[Signature]</i>
TOTAL WORKING HOURS							
<u>Denny Bastian</u> SIGNATURE OF EMPLOYEE		ACCEPTANCE - WORKING HOURS VERIFIED BY :					
		<u>Mia Pramesti</u> NAME & SIGNATURE OF OVERTIME REQUESTOR / USER					
APPROVED BY :		_____ SUPRACO REPRESENTATIVE					
HR VERIFICATION BOX							
		TOTEL OT	RATE/ HR	TOTAL PAY			
HR Manager							

OVERTIME AUTHORIZATION FORM							
QA No. :							
WO/PO. No :							
PAYROLL PERIOD : NAME OF EMPLOYEE : <u>Benny Bastian</u> POSITION : <u>Helper</u> DEPARTEMENT : <u>Supraco</u> WORK LOCATION : <u>Dumbar Base</u>		OVERTIME REQUESTOR / USER : <u>Mia Pramesti</u> BUSINESS LINE : CONST CENTER : LEGAL ENTY : IDBADGE :					
This is to certify the above-mention ed employee was requested to render overtime as indication hereunder							
DATE	DAY	TIME		TOTAL WORKING HOURS	REASON FOR WORKING HOURS	WORKING AREA FOR OT	SIGNATURE OF REQUESTOR
		STARTED	ENDED				
11 Sept 2025	Kamis	16.00	18.00		Pencucian Voco		<u>Pr</u>
TOTAL WORKING HOURS							
ACCEPTANCE - WORKING HOURS VERIFIED BY :							
<u>Benny Bastian</u> SIGNATURE OF EMPLOYEE				<u>Mia Pramesti</u> NAME & SIGNATURE OF OVERTIME REQUESTOR / USER			
APPROVED BY :							
..... SUPRACO REPRESENTATIVE							
HR VERIFICATION BOX							
		TOTEL OT	RATE/ HR	TOTAL PAY			
HR Manager							

OVERTIME AUTHORIZATION FORM							
QA No. :							
WO/PO. No :							
PAYROLL PERIOD : NAME OF EMPLOYEE : <u>Benny Bastian</u> POSITION : <u>Helper</u> DEPARTEMENT : <u>Supraco</u> WORK LOCATION : <u>Dumbar Base</u>		OVERTIME REQUESTOR / USER : <u>Mia Pramesti</u> BUSINESS LINE : CONST CENTER : LEGAL ENTY : IDBADGE :					
This is to certify the above-mention ed employee was requested to render overtime as indication hereunder							
DATE	DAY	TIME		TOTAL WORKING HOURS	REASON FOR WORKING HOURS	WORKING AREA FOR OT	SIGNATURE OF REQUESTOR
		STARTED	ENDED				
12 Sept 2025	Jum'at	16.00	18.00		Pencucian Voco dan LSI		<u>Pr</u>
TOTAL WORKING HOURS							
ACCEPTANCE - WORKING HOURS VERIFIED BY :							
<u>Benny Bastian</u> SIGNATURE OF EMPLOYEE				<u>Mia Pramesti</u> NAME & SIGNATURE OF OVERTIME REQUESTOR / USER			
APPROVED BY :							
..... SUPRACO REPRESENTATIVE							
HR VERIFICATION BOX							
		TOTEL OT	RATE/ HR	TOTAL PAY			
HR Manager							



OVERTIME AUTHORIZATION FORM

QA No. :
WO/PO. No. :PAYROLL PERIOD :
NAME OF EMPLOYEE :
POSITION :
DEPARTEMENT :
WORK LOCATION :DEDEK ANWAR RUDIN
OP wash bay
Supreco
Dumbar caseOVERTIME REQUESTOR / USER : Mia Pramessti
BUSINESS LINE :
CONST CENTER :
LEGAL ENTITY :
IDBADGE :

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

DATE	DAY	TIME		TOTAL WORKING HOURS	REASON FOR WORKING HOURS	WORKING AREA FOR OT	SIGNATURE OF REQUESTOR
		STARTED	ENDED				
26 Sept 2025	Jum'at	16.00	18.00		Pancucian voco		AP
TOTAL WORKING HOURS							

ACCEPTANCE - WORKING HOURS VERIFIED BY :

SIGNATURE OF EMPLOYEE

Mia Pramessti
NAME & SIGNATURE OF OVERTIME REQUESTOR / USER

APPROVED BY :

SUPRACO REPRESENTATIVE

HR VERIFICATION BOX

TOTEL OT	RATE/ HR	TOTAL PAY

HR Manager



OVERTIME AUTHORIZATION FORM

QA No. :
WO/PO. No. :PAYROLL PERIOD :
NAME OF EMPLOYEE :
POSITION :
DEPARTEMENT :
WORK LOCATION :

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

OVERTIME REQUESTOR / USER :
BUSINESS LINE :
CONST CENTER :
LEGAL ENTITY :
IDBADGE :

DATE	DAY	TIME		TOTAL WORKING HOURS	REASON FOR WORKING HOURS	WORKING AREA FOR OT	SIGNATURE OF REQUESTOR
		STARTED	ENDED				
TOTAL WORKING HOURS							

ACCEPTANCE - WORKING HOURS VERIFIED BY :

SIGNATURE OF EMPLOYEE

NAME & SIGNATURE OF OVERTIME REQUESTOR / USER

APPROVED BY :

SUPRACO REPRESENTATIVE

HR VERIFICATION BOX

TOTEL OT	RATE/ HR	TOTAL PAY

HR Manager



OVERTIME AUTHORIZATION FORM

QA No. :
WO/PO. No. :PAYROLL PERIOD
NAME OF EMPLOYEE
POSITION
DEPARTEMENT
WORK LOCATIONDEDEK ANWAR RUDIN
OP. Wash bay
Supraco
Rumbai baseOVERTIME REQUESTOR / USER : Mia Pramesti
BUSINESS LINE :
CONST CENTER :
LEGAL ENTITY :
IDBADGE :

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

DATE	DAY	TIME		TOTAL WORKING HOURS	REASON FOR WORKING HOURS	WORKING AREA FOR OT	SIGNATURE OF REQUESTOR
		STARTED	ENDED				
10 Sept 2025	Kamis	16.00	18.00		Pancasila Voco dan W		PR
TOTAL WORKING HOURS							

ACCEPTANCE - WORKING HOURS VERIFIED BY :

SIGNATURE OF EMPLOYEE

NAME & SIGNATURE OF OVERTIME REQUESTOR / USER

APPROVED BY :

SUPRACO REPRESENTATIVE

HR VERIFICATION BOX

TOTEL OT	RATE/ HR	TOTAL PAY

HR Manager



OVERTIME AUTHORIZATION FORM

QA No. :
WO/PO. No. :PAYROLL PERIOD
NAME OF EMPLOYEE
POSITION
DEPARTEMENT
WORK LOCATIONDEDEK ANWAR RUDIN
OP. was bay
Supraco
Rumbai baseOVERTIME REQUESTOR / USER : Mia Pramesti
BUSINESS LINE :
CONST CENTER :
LEGAL ENTITY :
IDBADGE :

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

DATE	DAY	TIME		TOTAL WORKING HOURS	REASON FOR WORKING HOURS	WORKING AREA FOR OT	SIGNATURE OF REQUESTOR
		STARTED	ENDED				
13 Sept 2025	Selasa	16.00	18.00		Pancasila Voco 7034		PR
TOTAL WORKING HOURS							

ACCEPTANCE - WORKING HOURS VERIFIED BY :

SIGNATURE OF EMPLOYEE

NAME & SIGNATURE OF OVERTIME REQUESTOR / USER

APPROVED BY :

SUPRACO REPRESENTATIVE

HR VERIFICATION BOX

TOTEL OT	RATE/ HR	TOTAL PAY

HR Manager



OVERTIME AUTHORIZATION FORM

QA No.

WO/PO. No.

PAYROLL PERIOD

NAME OF EMPLOYEE

POSITION

DEPARTEMENT

WORK LOCATION

Dedek Anwar Rudin
Op wash bay
Supraco
Pulmbar base

OVERTIME REQUESTOR / USER : Mia Pramesti

BUSINESS LINE :

CONST CENTER :

LEGAL ENTY :

IDBADGE :

This is to certify the above-mention ed employee was requested to render overtime as indication hereunder

DATE	DAY	TIME		TOTAL WORKING HOURS	REASON FOR WORKING HOURS	WORKING AREA FOR OT	SIGNATURE OF REQUESTOR
		STARTED	ENDED				
11. Sept 2025	Kamis	16.00	18.00		Pameucian Vocu		AA
TOTAL WORKING HOURS							

ACCEPTANCE - WORKING HOURS VERIFIED BY :

SIGNATURE OF EMPLOYEE

Mia Pramesti

NAME & SIGNATURE OF OVERTIME REQUESTOR / USER

APPROVED BY :

SUPRACO REPRESENTATIVE

HR VERIFICATION BOX

TOTEL OT	RATE/HR	TOTAL PAY

HR Manager



OVERTIME AUTHORIZATION FORM

QA No.

WO/PO. No.

PAYROLL PERIOD

NAME OF EMPLOYEE

POSITION

DEPARTEMENT

WORK LOCATION

Dedek Anwar Rudin
Op wash bay
Supraco
Pulmbar base

OVERTIME REQUESTOR / USER :

BUSINESS LINE :

CONST CENTER :

LEGAL ENTY :

IDBADGE :

This is to certify the above-mention ed employee was requested to render overtime as indication hereunder

DATE	DAY	TIME		TOTAL WORKING HOURS	REASON FOR WORKING HOURS	WORKING AREA FOR OT	SIGNATURE OF REQUESTOR
		STARTED	ENDED				
12 Sept 2025	Jum'at	16.00	18.00		Pameucian Vocu dan W		AA
TOTAL WORKING HOURS							

ACCEPTANCE - WORKING HOURS VERIFIED BY :

SIGNATURE OF EMPLOYEE

Mia Pramesti

NAME & SIGNATURE OF OVERTIME REQUESTOR / USER




APPROVED BY :

SUPRACO REPRESENTATIVE

HR VERIFICATION BOX

TOTEL OT	RATE/HR	TOTAL PAY

HR Manager

 QA No. WO/PO. No		OVERTIME AUTHORIZATION FORM											
PAYROLL PERIOD NAME OF EMPLOYEE POSITION DEPARTEMENT WORK LOCATION		SEPTEMBER 2025 Eko PITRAH F CSA SUPRACO Base RUMAH		OVERTIME REQUESTOR / USER : <u>Rifalch</u> BUSINESS LINE : CONST CENTER : LEGAL ENTITY : IDBADGE :									
This is to certify the above-mentioned employee was requested to render overtime as indication hereunder													
DATE	DAY	TIME		TOTAL WORKING HOURS	REASON FOR WORKING HOURS	WORKING AREA FOR OT	SIGNATURE OF REQUESTOR						
		STARTED	ENDED										
17-09-25	RABU	10.00	12.00	2	SCAN SPRINGS PAK								
TOTAL WORKING HOURS													
<div style="position: relative; height: 100px;"> <div style="position: absolute; top: 0; left: 0; width: 100%; height: 100%; pointer-events: none;"> <div style="position: absolute; top: 0; left: 0; width: 100%; height: 100%; border: 1px solid black; border-radius: 50%; transform: rotate(45deg); opacity: 0.5;"></div> </div> <div style="position: absolute; bottom: 10px; left: 10px;">  SIGNATURE OF EMPLOYEE </div> </div>				ACCEPTANCE - WORKING HOURS VERIFIED BY : NAME & SIGNATURE OF OVERTIME REQUESTOR / USER SUPRACO REPRESENTATIVE									
APPROVED BY : 													
<div style="border: 1px solid black; width: 100%; padding: 5px;"> <div style="display: flex; justify-content: space-between;"> <div>HR VERIFICATION BOX</div> <div> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 33%;">TOTAL OT</th> <th style="width: 33%;">RATE/HR</th> <th style="width: 33%;">TOTAL PAY</th> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </table> </div> </div> </div>								TOTAL OT	RATE/HR	TOTAL PAY			
TOTAL OT	RATE/HR	TOTAL PAY											

HR Manager

OVERTIME AUTHORIZATION FORM													
QA No. :													
WO/PO. No :													
PAYROLL PERIOD : <u>September</u> NAME OF EMPLOYEE : <u>ZUL IKHUS</u> POSITION : <u>CSA</u> DEPARTEMENT : <u>Supraco</u> WORK LOCATION : <u>Pembari Base</u>		OVERTIME REQUESTOR / USER : <u>Pifalchi</u> BUSINESS LINE : CONST CENTER : LEGAL ENTITY : IDBADGE :											
This is to certify the above-mentioned employee was requested to render overtime as indication hereunder													
DATE	DAY	TIME		TOTAL WORKING HOURS	REASON FOR WORKING HOURS	WORKING AREA FOR OT	SIGNATURE OF REQUESTOR						
		STARTED	ENDED										
3-09-2015	Rabu	10-00	12-00	2	Pemisahan Dokumen								
TOTAL WORKING HOURS													
 SIGNATURE OF EMPLOYEE				ACCEPTANCE - WORKING HOURS VERIFIED BY :									
				 NAME & SIGNATURE OF OVERTIME REQUESTOR / USER									
APPROVED BY :				_____ SUPRACO REPRESENTATIVE									
HR VERIFICATION BOX <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>TOTEL OT</th> <th>RATE/ HR</th> <th>TOTAL PAY</th> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>								TOTEL OT	RATE/ HR	TOTAL PAY			
TOTEL OT	RATE/ HR	TOTAL PAY											
HR Manager													

OVERTIME AUTHORIZATION FORM													
QA No. :													
WO/PO. No :													
PAYROLL PERIOD : <u>September</u> NAME OF EMPLOYEE : <u>ZUL IKHUS</u> POSITION : <u>CSA</u> DEPARTEMENT : <u>Supraco</u> WORK LOCATION : <u>Pembari Base</u>		OVERTIME REQUESTOR / USER : <u>Pifalchi</u> BUSINESS LINE : CONST CENTER : LEGAL ENTITY : IDBADGE :											
This is to certify the above-mentioned employee was requested to render overtime as indication hereunder													
DATE	DAY	TIME		TOTAL WORKING HOURS	REASON FOR WORKING HOURS	WORKING AREA FOR OT	SIGNATURE OF REQUESTOR						
		STARTED	ENDED										
10-09-2015	Rabu	10-00	12-00	2	Perbantuan pemisahan - on Dokumen								
TOTAL WORKING HOURS													
 SIGNATURE OF EMPLOYEE				ACCEPTANCE - WORKING HOURS VERIFIED BY :									
				 NAME & SIGNATURE OF OVERTIME REQUESTOR / USER									
APPROVED BY :				_____ SUPRACO REPRESENTATIVE									
HR VERIFICATION BOX <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>TOTEL OT</th> <th>RATE/ HR</th> <th>TOTAL PAY</th> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>								TOTEL OT	RATE/ HR	TOTAL PAY			
TOTEL OT	RATE/ HR	TOTAL PAY											
HR Manager													