

COMMISSION VOUCHER

A.PROJECT INFORMATION

| | | |
|-------------------|---|--|
| 1. Project Name | : | Test Adam 1 |
| 2. Project No. | : | REQ202010150000094 |
| 3. Project Type | : | Computer Assisted Phone Interview (CAPI) |
| 4. Client | : | MRI |
| 5. Address | : | soho |
| 6. Phone No | : | 02123 |
| 7. Fax No | : | = |
| 8. Contact Person | : | Mr. Adam Santoso - 089658477211 |
| 9. Contract Value | : | 1 |

B.PAYMENT DETAILS

| # | Terms of Payment | Based On LOA | Payment Details Collection Date | Signature |
|----|------------------|--------------|------------------------------------|-----------|
| 1. | 1 | 1 | 2020-11-09 | " " |

C.LOA or Order Confirmation

| | | |
|--------------------------|---|---|
| Letter to be followed by | : | 1 |
| Research Executive | : | 1 |

Prepared by,

Acknowledged by,

Received by,
