

FORM: TRAVEL ADVANCE REQUEST TAR

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| 1 | ev | ISC. | |

PTY.4.2.2,

Date: Nov 27, 2021

Distribution, Finance, Traveller, File

NAME : Ely Sawitri

PROJECT : TOR Sosialisasi Modul SETARA

Budget Line :

di Lombok Timur

POSITION/ORG : PMEL & KM (Manager)

PURPOSE OF TRAVEL : Sosialisasi Modul Setara di

Lombok Timur

LOCATION TO BE VISITED: Lombok Timur

DEPARTURE DATE : 30 November 2021

DATE OF RETURN : 02 December 2021

| CONST DESCRIPTIONS | | | | NUMBER OF | DAYS | Percentage | ESTIMATED EXPENSES |
|--------------------------------|---|--------|-------|-----------|--------------|------------|--------------------|
| Airfare (if paid by traveller) | : | | | | | | Rp. |
| DSA | : | #Night | 1 x 1 | Rp. Night | Rp.636.000 | | Rp.636.000 |
| Local Transport | : | #Trip | 1 x 1 | Rp. Night | Rp.1.250.000 | | Rp.1.250.000 |
| Other | | | | | | | Rp. |
| swab antigen | : | #Night | 1 x 2 | Rp. Night | Rp.100.000 | | Rp.200.000 |
| transport swab | : | #Night | 1 x 2 | Rp. Night | Rp.100.000 | | Rp.200.000 |
| | | | | TOTAL | OF ADVANCE | REQUESTED | Rp.2.386.000 |

I am accepting a travel advance for the out state travel approved by this request. I understand that I must submit a complete Travel Expense Report (TER) within **ten business days after the ending date of my travel.** I further understand if the travel advance is not cleared within the given period no futher advances will be given

| Signature of Traveller | Date : | |
|-------------------------------------|--------|--|
| Signature of Supervisor | Date : | |
| Signature of Country Representative | Date : | |

Detail calculation for DSA

Lembar 1: Keuangan Lembar 2: Traveller Lembar 3: File