**Date:** 14 August 2024

**FORMULIR FASILITATOR DAERAH *(FASDA)***

No. FASDA3-Choose an item.-2408-0001

1. **Informasi Dasar**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Manajer Aktifitas | : | Click or tap here to enter text. | Jabatan | : | Click or tap here to enter text. |
| Kode Anggaran | : | Click or tap here to enter text. | Kantor | : | Choose an item. |
| FASDA di kontrak untuk | : | Choose an item. | Others *(specify)* | : | Click or tap here to enter text. |
| Nama FASDA | : | Click or tap here to enter text. | Institusi | : | Choose an item. |
| Alamat | : | Click or tap here to enter text. | | | |
| Tempat/ tanggal lahir | : | Click or tap here to enter text. | | | |
| Alamat email | : | Click or tap here to enter text. | | | |
| Telepon Rumah | : | Click or tap here to enter text. | No. HP | : | Click or tap here to enter text. |
| No. KTP | : | Click or tap here to enter text. | NPWP | : | Click or tap here to enter text. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Tanggal Penugasan | : | 16 August 2024 | sampai | Click or tap to enter a date. |
| Jumlah Bulan  ***(maximum 1 year/ engagement)*** | : | Up to Choose an item. | | |
| Kualifikasi | : | Master Degrees | | |
| Surat Keputusan/ SK No | : | Click or tap here to enter text. | | |
| Rangkuman Pengalaman Kerja | : | Click or tap here to enter text. | | |
| Tujuan yang ingin dicapai | : | Click or tap here to enter text. | | |

1. **Justifikasi**

|  |
| --- |
| Alasan singkat memilih FASDA ini dan untuk memenuhi kondisi ***value for money*** : |
| Click or tap here to enter text. |

1. **Sistem Pembayaran *(\*only* *applied to a max 1 year/ engagement)***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Besaran satuan harian | : | IDR Click or tap here to enter text. | Lumpsum | : | IDR Click or tap here to enter text. |
| Tiket pesawat | : | Choose an item. | Hotel/akomodasi | : | Choose an item. |
| Perdiem | : | Choose an item. | Transportasi Harian | : | Choose an item. |
| Uang harian | : | Choose an item. | Uang Harian Rapat/ Pertemuan | : | Choose an item. |
| Total | : | IDR Click or tap here to enter text. | | | |
| Bank | : | Click or tap here to enter text. | Kode SWIFT | : | Click or tap here to enter text. |
| No. Rekening | : | Click or tap here to enter text. | Nama Rekening | : | Click or tap here to enter text. |

1. **Pernyataan dan Tanda Tangan**

Saya menyatakan bahwa data yang saya informasikan di atas adalah benar, dan bahwa kehadiran dan partisipasi dan saya telah mendapat persetujuan dari instansi tempat saya bekerja.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Kontak Darurat** | | | | | |
| Nama anggota keluarga | : | Click or tap here to enter text. | Hubungan keluarga | : | Click or tap here to enter text. |
| No Telepon | : | Click or tap here to enter text. | Alamat email *(optional)* | : | Click or tap here to enter text. |

**Tanda Tangan:**

**Nama:** **Tanggal:** Click or tap to enter a date.

1. **Persetujuan**

|  |  |  |  |
| --- | --- | --- | --- |
| Permintaan oleh | Manager Aktifitas/ Tanda tangan | Click or tap here to enter text. |  |
| Tanggal | 12 August 2024 |
| Disetujui oleh | PD/ HOO – Tanda tangan | Click or tap here to enter text. |  |
| Tanggal | 08 August 2024 |

**Catatan Untuk Menjadi Perhatian:**

1. INOVASI do not provide or pay any insurance coverage to Resource Persons. Resource Persons are responsibility to arrange their own insurance coverage.
2. Daily rate is gross rate and subject to income tax.
3. Payments are paid through bank transfer by INOVASI Finance Unit.
4. Resource Persons’ bank account must be under the name of the Resource Person. If the bank account is under another person’s name, the Resource Person will be requested to submit a signed Statement Letter. A sample of Statement Letter is available in INOVASI Finance Unit.