

* Approving Affiliates must indicate that they have received the form
(and perhaps include any questions or confirmation) to Issuing Affiliates within 10 days.

Control#
SAMI JF-I-24-5
Debit# (For Finance Dept. Only)

FOR ISSUING AFFILIATE USE ONLY

1. APPLY TO (SEND TO) : NOTIFICATION OF COSTS INCURRED.

(1) FIRST NAME (Block letter)	SIGIT
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(3) COMPANY	SAMI JF
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DATE SENT:

(2) LAST NAME (Block letter)	PRASETYOKO
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(4) DEPARTMENT	HRGA
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(5) DETAILS OF EXPENSE	CURRENCY	AMOUNT																																								
Room Charge at Harper Cikarang Hotel for QCC	IDR	4,070,000																																								
<table border="1"> <tr> <th>Nama</th> <th>Check in</th> <th>Check out</th> <th>Room</th> <th>Amount</th> </tr> <tr> <td>Mr Kurihara Hidehisa</td> <td>11-Jan-24</td> <td>12-Jan-24</td> <td>Single Suite</td> <td>1,288,000</td> </tr> <tr> <td>Mr Bagus Kusuma Putra</td> <td>11-Jan-24</td> <td>12-Jan-24</td> <td>Single Deluxe</td> <td>988,000</td> </tr> <tr> <td>Ms Nurul Hidayati</td> <td>11-Jan-24</td> <td>12-Jan-24</td> <td>Single Superior</td> <td>598,000</td> </tr> <tr> <td>Mr Indra Hermawan</td> <td>11-Jan-24</td> <td>12-Jan-24</td> <td>Single Superior</td> <td>598,000</td> </tr> <tr> <td>Mr Muhammad Ilham</td> <td>11-Jan-24</td> <td>12-Jan-24</td> <td>Twin Superior</td> <td>598,000</td> </tr> <tr> <td>Mr Miftahul Huda</td> <td>11-Jan-24</td> <td>12-Jan-24</td> <td></td> <td></td> </tr> <tr> <td>Total</td> <td></td> <td></td> <td></td> <td>4,070,000</td> </tr> </table>	Nama	Check in	Check out	Room	Amount	Mr Kurihara Hidehisa	11-Jan-24	12-Jan-24	Single Suite	1,288,000	Mr Bagus Kusuma Putra	11-Jan-24	12-Jan-24	Single Deluxe	988,000	Ms Nurul Hidayati	11-Jan-24	12-Jan-24	Single Superior	598,000	Mr Indra Hermawan	11-Jan-24	12-Jan-24	Single Superior	598,000	Mr Muhammad Ilham	11-Jan-24	12-Jan-24	Twin Superior	598,000	Mr Miftahul Huda	11-Jan-24	12-Jan-24			Total				4,070,000	✓	
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TOTAL	IDR	4,070,000																																								

(1) FIRST NAME (Block letter)	JUNIARTA
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(2) LAST NAME (Block letter)	HOTMAULI
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(3) COMPANY	PASI
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(4) DEPARTMENT	GA
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(6) AUTHORIZATION FROM SUPERVISOR

Name : FUMITAKA SHIGETA

APPROVED BY:
(5) SIGNATURE

SIGNATURE:

BY AUTOCOMP SYSTEMS INDONESIA

3. Remarks column :

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FOR APPROVING AFFILIATE USE ONLY - MUST BE COMPLETED BY APPROVING DEPARTMENT

4. APPROVAL DATE RECEIVED:

The company of the signature must be burdened the cost.

ACCOUNTING INFORMATION

APPROVED BY:

(1) DESCRIPTION OF EXPENSES (経費内容)	(7) DATE	24 JANUARI 2024
(2) GENERAL LEDGER NAME(勘定科目名)	(8) SIGNATURE	
(3) GENERAL LEDGER NUMBER (勘定科目# & 細目#)	(9) COMPANY	PT. YAZAKI
(4) ESTABLISHMENT NAME (事業所&コード#)	DATE	PT. SEMARANG AUTOCOMP MANUFACTURING INDONESIA
(5) APPROVING DEPARTMENT NAME AND CODE#(部門名&コード#)	NAME(Block letter)	24. Jan KAZUHIRO FUJITA
(6) CAR LINE(カーメーカー)	SIGNATURE:	

< PROCEDURE >

3. APPROVE

Issuing Affiliate

Approving Affiliate

Submit to Accounting

1.& 2. APPLICATION FOR REPAYMENT & APPROVAL

- Approved Application for Advance Payment

- Original Debit Note

- Details (copy of receipt/back up support)