

**PT. INSPEKTINDO SINERGI PERSADA**  
**SERVICES TIME SHEET**



Personnel In Attendance:

Achmad / Aldrin

Period:

Dec - Jan 23

Day Rate:

\_\_\_\_\_

Per Diem Rate :

\_\_\_\_\_

Customer:

PT. SCB

Date :

\_\_\_\_\_

Contract/ PO Non:

\_\_\_\_\_

Our Ref:

\_\_\_\_\_

Rig / Well:

CIB

Form No. :

Billing Date	Rig / Loc*	Time*	ACTIVITY	BILLING			Company Representative Signature
				Hour/s	ID Base Number	Segment	
18/01/24	CIB	08.30-17.30	Inspection of Lifting Equipment	8	284416	ARTC	<i>[Signature]</i>
19/01/24	CIB	08.30-17.30	Inspection of Lifting Equipment	8	284416	ARTC	<i>[Signature]</i>
20/01/24	CIB	08.30-13.30	Inspection of Lifting Equipment	4	284416	ARTC	<i>[Signature]</i>

\* If Applicable

*[Signature]*  
Achmad / C  
Personnel In Attendance