

PT. INSPEKTINDO SINERGI PERSADA
SERVICES TIME SHEET




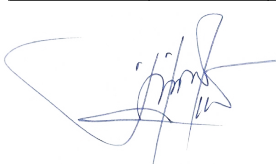
Personnel In Attendance:
 Period:
 Day Rate:
 Per Diem Rate :

Customer:
 Contract/ PO Non:
 Rig / Well:

Date :
 Our Ref:

Form No. :

Billing Date	Rig / Loc*	Time*	ACTIVITY	BILLING			
				Hour/s	ID Base Number	Segment	Company Representative Signature
24-Feb-24	CIB	08.30-13.30	Supervision for SLB CIB & SUM	5	-	-	
TOTAL (hours)							


 Achmad C
 Personnel In Attendance

* If Applicable