

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
26-Aug-23	CIB	08 00-13.00	Supervision SLB CIB & Duri	5			
2-Sep-23	CIB	08 00-13 00	Supervision SLB CIB & Duri	5			
TOTAL (hours)							

ACHMAD C
 Personnel In Attendance

* If Applicable