| Test Issue Log | | | | | | **SCP ID# :** | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Project Name:** | AGROBANK BUSINESS INTERNET BANKING | | | | | | |
| **Test Stage:** | Unit Functionality Integration System Interface  Performance Regression Acceptance Pilot | | | | | | |
| **Test Case Number:** | Support #7159 | | | **Test Started Date:** | | | 21/02/2017 |
| **Test Title:** |  | | | | | | |
| Test Description: | To ensure error message pop up displayed: Invalid Total Amount for entered alphabets on ‘Total Amount’ field. | | | | | | |
| Test Functionality: | **BIB**   * Payroll > Statutory Bodies > EPF | | | | | | |
| Test Procedure: | 1. On excel upload file, enter alphabets on ‘Total Amount’ field. 2. Perform to upload file on BIB. | | | | | | |
| Test Result: | Pass:  Fail: | Tested by: | | | Erni Suhaireen binti Zulkifli | | |
| Reason for Failure: |  | | | | | | |
| **TEST DESCRIPTION** | | | | | | | |
| **Screenshot:**  **Set empty/alphabets on ‘Employer Contribution’ at upload excel file**   1. Set empty/alphabets on ‘Employer Contribution’ field  * Empty      * Alphabets     **Perform Upload File**   1. On Statutory Body – EPF page:    1. Select “From Account” from the dropdown List    2. Click “Browse” button and attached the Form A file    3. Enter the “Remarks” 2. Click on ‘Next’ button.  * Empty     **Current error Message Displayed:** Employer Contribution Amount is required on line number [4].  **Expected Error Message Displayed:** Employer Contribution Amount is required on line number [4].     * Numeric     **Current error Message Displayed:** Employer Contribution Amount should be numeric on line number [4]  **Expected Error Message Displayed:** Employer Contribution Amount should be numeric on line number [4] | | | | | | | |
| **Reviewed By: (PMO)** | | | | | | | |
| **Signature.JPG** | | | **Name/Position : Norhaidah Binti Md Dasuki / Senior Manager, Quality Assurance and Support**  **Date :** | | | | |