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Evaluation of Financial Recording Procedures and Accounting Recognition at Rezki Husada Dental Clinic Based on SAK EMKM

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Abstract: *This study aims to evaluate the effectiveness of the financial recording procedures at Rezki Husada Dental Clinic against the Financial Accounting Standards for Micro, Small, and Medium Entities (SAK EMKM), specifically regarding procedures for recording cash inflows and outflows, transaction documentation, and the recognition of inventory, fixed assets, and revenue. The research employs a qualitative descriptive approach with a case study design. Data were collected through direct observation and documentation at Rezki Husada Dental Clinic, as well as by analyzing daily cash records over one fiscal year (365 days of transactions) and comparing them with SAK EMKM standards. While the clinic consistently records daily income and expenses throughout the year, these records lack supporting physical transaction evidence, such as documented memos or receipts. Inventory management for consumables is not conducted systematically, relying instead on narrative descriptions. Furthermore, the clinic lacks a fixed asset inventory and does not calculate depreciation. Revenue is accounted for entirely on a cash basis, without distinguishing patient receivables. Although the daily cash recording system is consistent, the overall accounting practices do not fully align with SAK EMKM, particularly regarding the reliability of transaction evidence and the recognition of inventory and fixed assets. This study focuses on a single clinic and relies solely on secondary data in the form of cash summaries; the research team did not obtain physical transaction evidence or documentation regarding the clinic's inventory and fixed assets, meaning the evaluation of these two aspects is merely indicative. This study offers practical insights into the application of SAK EMKM (Financial Accounting Standards for Micro, Small, and Medium Entities) within micro-scale healthcare service businesses and serves as a guide for developing more robust accounting Standard Operating Procedures (SOPs) for similar clinics.*
Keywords*: SAK EMKM; financial recording; accounting recognition; inventory; fixed assets; dental clinic*

1. Introduction

Micro, small, and medium-sized enterprises (MSMEs) constitute a fundamental component of Indonesia's economic structure, particularly through their contribution to employment creation, household income, and local economic activity. Despite their strategic role, many MSMEs continue to face persistent challenges in financial management, particularly in maintaining systematic and reliable accounting records. Weak financial reporting practices may constrain managerial decision-making, obscure the actual financial condition of the business, and reduce the ability of business owners to access external financing. Financial statements are therefore not merely administrative documents but constitute an important managerial instrument for evaluating business performance, planning future operations, and demonstrating financial accountability to external stakeholders. Nevertheless, the implementation of accounting practices among MSMEs remains relatively limited, particularly among businesses whose owners have insufficient accounting knowledge and limited access to professional assistance.

The importance of financial reporting becomes increasingly evident in service-oriented MSMEs, where business transactions may involve diverse forms of revenue recognition, operating expenditures, consumable materials, and investment in fixed assets. One emerging segment within this category is the private dental clinic industry. Increasing public awareness of oral health, greater demand for preventive and restorative dental services, and the expansion of private healthcare services have contributed to the development of dental clinics as commercially oriented service enterprises. Unlike conventional trading MSMEs, dental clinics combine service transactions with the consumption of medical supplies and the utilization of specialized medical equipment. Their financial transactions may include cash payments for consultations and treatments, installment-based payments for orthodontic services, purchases of medical consumables, and substantial investments in dental chairs and other clinical equipment. Such

characteristics create accounting complexities that cannot be adequately represented through simple cash-in and cash-out records alone.

From an accounting perspective, reliable financial reporting requires transactions to be identified, measured, recognized, and presented consistently. For MSMEs in Indonesia, the Financial Accounting Standards for Micro, Small, and Medium Entities (SAK EMKM) provide a simplified accounting framework intended to facilitate the preparation of general-purpose financial statements by entities without significant public accountability. The standard is designed to provide a practical reporting framework while maintaining fundamental accounting principles related to the recognition, measurement, presentation, and disclosure of financial information. The existence of SAK EMKM is particularly relevant for MSMEs because the standard attempts to bridge the gap between the relatively sophisticated requirements of general financial accounting standards and the limited accounting resources commonly available to small business owners.

However, the existence of a simplified accounting standard does not necessarily guarantee its implementation at the organizational level. Previous studies have consistently indicated that many MSMEs continue to rely on basic bookkeeping practices, particularly records of cash receipts and cash disbursements, without developing complete accounting information systems. Such practices may result in the failure to distinguish cash flows from revenue recognition, the absence of systematic inventory or consumable-material records, inadequate recognition and measurement of fixed assets, and the absence of appropriate depreciation procedures. These weaknesses are particularly important because financial information derived solely from cash records may not accurately represent the economic performance and financial position of an entity. Consequently, the gap between the availability of an accounting standard and its practical implementation remains an important issue in MSME financial management.

The problem becomes more complex in healthcare service businesses because the nature of their transactions differs from that of conventional MSMEs. Dental clinics, for example, consume medical materials such as gloves, masks, dental filling materials, anesthetic materials, sterilization supplies, and other consumables during service delivery. At the same time, they rely on fixed assets with relatively high acquisition values and potentially long useful lives, including dental chairs, sterilization equipment, radiographic devices, and other medical instruments. In addition, certain dental services, particularly orthodontic treatments, may involve payments made over several visits. Consequently, the timing of cash receipts does not necessarily correspond directly to the timing of revenue recognition. These characteristics make dental clinics an important yet relatively underexplored context for examining the practical implementation of SAK EMKM.

Klinik Gigi Rezki Husada provides a relevant empirical setting for investigating this issue. Throughout 2025, the clinic maintained daily financial records containing information on cash receipts, expenditures, daily profit or loss, ending cash balances, and patient numbers. The existence of systematic daily records represents a positive foundation for financial management because it demonstrates the clinic's commitment to documenting its business activities. Nevertheless, the existence of routine bookkeeping does not necessarily indicate conformity with accounting standards. A cash book may provide information regarding the movement of cash but may not adequately demonstrate whether each transaction is supported by sufficient evidence, whether medical consumables are properly recognized and controlled, whether fixed assets are recorded and depreciated appropriately, or whether revenue from services paid through installment arrangements is recognized in accordance with applicable accounting principles.

This condition highlights an important **implementation gap** between routine financial recording and standardized financial reporting. The issue is not simply whether the clinic records its transactions, but whether the records generated from its daily operations are capable of producing financial

information that faithfully represents the clinic's economic activities. From this perspective, evaluating accounting practices against SAK EMKM provides an opportunity to identify specific areas of compliance and non-compliance and to determine which accounting processes require improvement. Such an evaluation is particularly relevant for small healthcare service providers because inadequate accounting practices may affect not only internal managerial decisions but also the credibility of financial information required for financing, investment, taxation, and business expansion.

Previous research concerning the implementation of SAK EMKM has predominantly focused on conventional MSME sectors, including culinary businesses, workshops, laundry services, retail enterprises, and handicraft businesses. Although these studies provide valuable evidence concerning the challenges faced by MSMEs in adopting accounting standards, their findings cannot necessarily be generalized to healthcare service enterprises. The operational characteristics of dental clinics introduce distinctive accounting issues associated with medical consumables, specialized fixed assets, service-based revenue, and installment payments. Therefore, there remains a contextual research gap concerning how simplified accounting standards are practically applied within small-scale healthcare service businesses, particularly dental clinics. Addressing this gap is important for extending the empirical discussion of MSME accounting beyond conventional commercial sectors.

Furthermore, much of the existing discussion on MSME accounting emphasizes the general level of accounting literacy or the existence of financial statements, while comparatively less attention is given to **transaction-level conformity** with accounting standards. Examining the actual records of a dental clinic enables a more granular assessment of whether daily accounting procedures correspond to the recognition and measurement requirements prescribed by SAK EMKM. This approach allows the study to move beyond the question of whether an MSME "uses accounting" toward the more substantive question of whether its accounting practices produce information that is consistent with the applicable financial reporting framework.

Accordingly, this study aims to evaluate the conformity of the financial recording practices of Klinik Gigi Rezki Husada with SAK EMKM using daily cash-recapitulation data from 2025 as the primary empirical basis. Specifically, the study examines four interrelated aspects of accounting practice: **(1)** the procedures for recording cash receipts and cash disbursements and the completeness of their supporting evidence; **(2)** the recognition and recording of dental medical consumables; **(3)** the recognition, measurement, recording, and depreciation of fixed assets used in clinic operations; and **(4)** the recognition of revenue arising from dental services, including services involving installment-based payments. By addressing these aspects, the study seeks to identify the extent to which routine bookkeeping practices correspond to SAK EMKM and to reveal specific areas requiring accounting improvement.

The study contributes to the literature in two ways. First, it extends empirical research on SAK EMKM implementation into the relatively underexamined context of private healthcare service MSMEs, particularly dental clinics, whose transaction characteristics differ substantially from those of trading and conventional service businesses. Second, by evaluating accounting practices at the transaction and recognition levels, the study provides a more detailed understanding of the gap between routine bookkeeping and standardized financial reporting. Practically, the findings are expected to provide a basis for Klinik Gigi Rezki Husada and similar healthcare MSMEs to improve their financial recording procedures, strengthen financial accountability, and develop more reliable financial information for managerial decision-making and access to external financing. More broadly, the study reinforces the importance of translating simplified accounting standards into operational practices that are appropriate for the specific characteristics of MSMEs.

2. Literature Review

2.1. Accounting Recording and Recognition

Accounting recording represents a systematic process of identifying, measuring, documenting, and classifying economic transactions occurring within an entity. Reliable accounting records provide the fundamental basis for preparing financial statements and generating information that can support managerial decision-making. In this context, accounting recognition refers to the process of determining whether an economic item satisfies the criteria for inclusion in the financial statements. Recognition is therefore conceptually different from merely recording a cash transaction because it requires consideration of the economic substance of the transaction and its relationship with the financial position and performance of the entity. Accounting systems may generally operate under cash-basis or accrual-basis approaches. Under cash-basis accounting, transactions are primarily recognized when cash is received or paid, whereas accrual accounting recognizes the economic effects of transactions when the underlying events occur, regardless of whether the related cash has been received or paid. The distinction is particularly relevant for service businesses because the timing of cash receipts may differ from the timing at which services are provided and revenue is recognized.

For MSMEs, appropriate accounting recognition is important because simplified bookkeeping should not eliminate the fundamental requirement to distinguish among assets, liabilities, equity, income, and expenses. Consequently, regular recording of cash receipts and disbursements alone cannot be considered sufficient evidence that an entity has implemented appropriate accounting practices. The recognition of inventories, fixed assets, receivables, and service revenue requires specific accounting treatment based on the characteristics of each transaction. In the context of a dental clinic, this distinction becomes particularly relevant because medical consumables may be purchased in advance and consumed over several periods, equipment may provide economic benefits over multiple reporting periods, and certain services may be paid through installment arrangements. Thus, the quality of accounting recording can be assessed not only from the frequency and consistency of bookkeeping but also from the extent to which recorded transactions are supported by adequate evidence and appropriately classified and recognized. This perspective provides the conceptual foundation for evaluating the financial recording practices of Klinik Gigi Rezki Husada against the requirements of SAK EMKM.

2.2. Financial Accounting Standards for Micro, Small, and Medium Entities (SAK EMKM)

The Financial Accounting Standards for Micro, Small, and Medium Entities (SAK EMKM) were developed by the Indonesian Financial Accounting Standards Board of the Indonesian Institute of Accountants (IAI) to provide a simplified financial reporting framework for entities that meet the characteristics of micro, small, and medium-sized enterprises and do not have significant public accountability. The standard is intended to facilitate the preparation of financial statements while maintaining the fundamental characteristics of useful and reliable financial information (Ikatan Akuntan Indonesia, 2016). Under SAK EMKM, a complete set of financial statements consists of a statement of financial position at the end of the reporting period, an income statement for the reporting period, and notes to the financial statements. The statement of financial position provides information concerning the entity's assets, liabilities, and equity, whereas the income statement presents income and expenses recognized during the reporting period. Notes to the financial statements provide additional explanations regarding significant accounting policies and information necessary to understand the financial statements.

The implementation of SAK EMKM is particularly relevant for MSMEs because financial information generated through standardized accounting procedures can improve the transparency and comparability of business performance. More importantly, the standard establishes a structured

framework for recognizing and measuring economic resources and obligations rather than simply documenting cash movements. A fundamental aspect of reliable accounting information is the existence of adequate supporting documentation. Transactions should be supported by appropriate evidence, such as invoices, receipts, payment records, purchase documents, or other relevant transaction documentation. Supporting evidence facilitates the verification and traceability of transactions and reduces the risk of incomplete or inaccurate financial information. Therefore, an entity that records transactions consistently but lacks adequate supporting documentation may still face limitations in terms of accounting reliability. For a dental clinic, this requirement applies to a wide range of transactions, including patient payments, purchases of medical consumables, acquisition of medical equipment, administrative expenditures, and payments received through installment arrangements. Accordingly, assessing conformity with SAK EMKM requires an examination of both the existence of accounting records and the quality of the underlying transaction evidence.

2.3. Inventory Recognition

Inventory represents assets held for sale or assets in the form of materials or supplies to be consumed in the production process or provision of services. Under SAK EMKM, inventory is initially measured at its acquisition cost, which includes purchase costs and other costs incurred to bring the inventory to its present location and condition. Inventory that remains unused at the end of the reporting period should continue to be recognized as an asset rather than being entirely recognized as an expense at the time of purchase. The recognition of inventory is particularly relevant to healthcare service businesses because service delivery frequently requires the consumption of medical supplies. In a dental clinic, examples include gloves, masks, cotton, syringes, anesthetic materials, filling materials, sterilization supplies, and other consumable materials. These items are purchased before or during service provision and subsequently consumed as treatment is delivered.

If all purchases of medical consumables are immediately recognized as expenses without considering the quantity remaining at the reporting date, operating expenses may be overstated and the value of current assets may be understated. Conversely, failure to recognize materials that have actually been consumed may result in an understatement of expenses. Therefore, appropriate inventory recording requires the entity to maintain sufficient information regarding purchases, usage, and remaining quantities at the end of the reporting period. The application of appropriate inventory recognition is consequently important for ensuring that the financial statements of a dental clinic reflect the actual economic resources available to support future service delivery. In this study, the conformity of medical consumable recording is evaluated by examining whether purchases, usage, and ending balances are appropriately identified and reflected in accordance with the applicable accounting framework.

2.4. Fixed Asset Recognition and Depreciation

Fixed assets are tangible assets held for use in the production or provision of goods or services, rental to other parties, or administrative purposes and are expected to be used for more than one reporting period. Under SAK EMKM, an item of property and equipment is recognized as an asset when it is probable that future economic benefits associated with the asset will flow to the entity and its acquisition cost can be measured reliably. Initial recognition is therefore based on the acquisition cost of the asset. After initial recognition, fixed assets are depreciated systematically over their estimated useful lives, except for assets that are not subject to depreciation under applicable accounting principles. Depreciation represents the systematic allocation of the depreciable amount of an asset over its useful life and should be recognized as an expense in the relevant reporting periods. The straight-line method is commonly applied when the pattern of consumption of economic benefits cannot be determined

reliably. Fixed asset accounting is particularly significant in dental clinics because clinical operations generally require substantial investment in specialized equipment. Dental chairs, dental instruments, sterilization equipment, computers, diagnostic equipment, furniture, and other operational facilities may provide economic benefits over several reporting periods. Consequently, treating the entire acquisition cost of such assets as an expense in the period of purchase would not appropriately reflect the economic benefits obtained from their continued use. Appropriate recognition and depreciation of fixed assets therefore affect both the statement of financial position and the measurement of operating performance. Failure to record fixed assets systematically may result in understated assets, overstated expenses in the acquisition period, or understated expenses in subsequent periods. Accordingly, this study examines whether fixed assets used by Klinik Gigi Rezki Husada are identified, recorded, and depreciated in a manner consistent with SAK EMKM.

2.5. Revenue Recognition

Revenue represents income arising from an entity's ordinary activities. In service-oriented enterprises, revenue is generally associated with consideration received or receivable for services provided to customers. For dental clinics, revenue may originate from consultations, dental examinations, tooth extraction, fillings, scaling, orthodontic treatment, and other dental care services. Revenue recognition is conceptually distinct from the recognition of cash receipts. Cash represents the settlement of a financial transaction, whereas revenue reflects the economic activity associated with the provision of services. Consequently, the timing of cash collection does not necessarily determine the timing of revenue recognition. This distinction is particularly important when services are provided through multiple treatment sessions or when customers make installment payments. Orthodontic treatment provides a relevant example. A patient may make an initial payment when beginning treatment and subsequently make additional payments during periodic control visits. If every cash receipt is automatically recognized as revenue without considering the services actually provided, the reported revenue may not accurately represent the clinic's performance during a particular reporting period. Such treatment may also create difficulties in distinguishing between revenue, receivables, and advances received from customers. Accordingly, appropriate revenue recognition requires the clinic to identify the underlying service transaction, determine when the service has been provided, and recognize the corresponding income in the appropriate reporting period. This is particularly important for improving the matching between service activities and reported financial performance. In this study, revenue recognition is evaluated by examining whether the clinic distinguishes cash receipts from revenue generated by services and whether installment-based service transactions are appropriately recognized.

2.6. Previous Studies and Research Gap

Previous studies on accounting practices among MSMEs have generally identified similar patterns of implementation weaknesses. Many MSMEs continue to rely on simple cash-based records that primarily document income and expenditure without systematically incorporating supporting transaction evidence, inventory recognition, fixed asset recording, depreciation, and other accounting elements (Prajatno & Septriana, 2018; Purba, 2019; Tatik, 2018; Rabianti, 2024; Khaddafi et al., 2025). Such findings indicate that the existence of bookkeeping activities does not necessarily imply compliance with applicable accounting standards. Research involving MSMEs in the motorcycle repair sector, for example, has demonstrated that business owners may maintain routine cash records while still lacking a comprehensive accounting system consistent with financial reporting standards (Rabianti, 2024). Similar conditions have been reported in other MSME sectors, where financial records remain primarily oriented toward monitoring daily cash movements rather than preparing standardized

financial statements (Purba, 2019; Tatik, 2018). These findings suggest that the central challenge is not necessarily the absence of financial recording but the limited transformation of routine bookkeeping into standardized accounting information.

Several factors may contribute to this implementation gap, including limited accounting knowledge among business owners, insufficient dissemination of accounting standards, inadequate professional assistance, and the perception that simple cash records are sufficient for day-to-day operational purposes (Larasati & Farida, 2021). From a financing perspective, inadequate financial reporting may also limit the ability of MSMEs to demonstrate their financial capacity to external stakeholders. Reliable financial information is particularly relevant to creditors because financial statements can provide important evidence for assessing business performance, financial position, and creditworthiness (Rudiantoro & Siregar, 2012). Despite the growing body of research on SAK EMKM implementation, the existing literature has predominantly examined MSMEs operating in sectors such as culinary businesses, retail, motorcycle repair, handicrafts, and laundry services. These sectors have different operational characteristics from healthcare service businesses. In particular, dental clinics combine service revenue with the regular consumption of medical supplies, significant investments in specialized medical equipment, and service arrangements that may involve installment payments. These characteristics create accounting recognition issues that may not be adequately captured by findings from conventional MSME sectors.

This condition indicates a **contextual and empirical research gap**. While previous studies have established that MSMEs frequently experience difficulties in implementing standardized accounting practices, relatively limited empirical evidence is available regarding the implementation of SAK EMKM in small-scale healthcare service businesses, particularly dental clinics. Furthermore, previous studies have often assessed accounting implementation at a general level, whereas relatively limited attention has been given to transaction-level issues involving supporting evidence, consumable inventories, fixed assets and depreciation, and revenue recognition. The present study addresses this gap by examining the financial recording practices of Klinik Gigi Rezki Husada using its daily financial records for 2025. Rather than merely determining whether the clinic maintains financial records, this study evaluates the conformity of specific accounting processes with SAK EMKM across four critical dimensions: transaction recording and supporting evidence, inventory recognition, fixed asset recognition and depreciation, and service revenue recognition. This approach enables the study to identify specific areas of conformity and deviation and provides a more granular understanding of the challenges associated with implementing simplified accounting standards in healthcare-based MSMEs. Based on the preceding literature, the study does not formulate statistical hypotheses because its primary objective is to conduct a **descriptive and evaluative assessment of accounting practices against an established accounting standard**. Instead, the conceptual framework is organized around four analytical dimensions derived from SAK EMKM: **(1) accounting recording and recognition, (2) inventory recognition, (3) fixed asset recognition and depreciation, and (4) revenue recognition**. These dimensions provide the analytical basis for evaluating whether the financial practices of Klinik Gigi Rezki Husada are consistent with the requirements of SAK EMKM.

3. Research Methods

3.1. Research Design

This study employed a qualitative descriptive approach with a single-case study design to evaluate the conformity of financial recording procedures and accounting recognition at Rezki Husada Dental Clinic with the Financial Accounting Standards for Micro, Small, and Medium Entities (SAK EMKM). A qualitative case study was considered appropriate because the research focuses on understanding accounting practices within their actual organizational context rather than testing causal

relationships or statistical hypotheses. The study was designed as an evaluative case study in which the clinic's existing accounting practices were systematically examined and compared with the relevant requirements of SAK EMKM. The analysis focused on four principal accounting dimensions: (1) recording of cash receipts and disbursements and supporting transaction documentation, (2) recognition of medical consumable inventories, (3) recognition and depreciation of fixed assets, and (4) recognition of service revenue, particularly transactions involving installment-based payments. The unit of analysis was the financial recording and accounting recognition process implemented by Rezki Husada Dental Clinic during the 2025 fiscal year. The year 2025 was selected because the clinic maintained daily financial records throughout the year, providing a relatively complete empirical basis for evaluating the consistency and characteristics of its accounting practices.

3.2. Research Setting and Case Selection

The research was conducted at Rezki Husada Dental Clinic, a small-scale healthcare service business that provides dental examination and treatment services. The clinic was purposively selected as the research case because it maintained daily financial records covering cash receipts, cash disbursements, daily profit or loss, ending cash balances, and patient visits throughout 2025. The case was considered particularly relevant because dental clinics have accounting characteristics that differ from those of conventional trading or non-healthcare service MSMEs. Their operations involve the regular consumption of medical supplies, investment in specialized medical equipment, and service transactions that may involve both immediate and installment-based payments. These characteristics provide an appropriate context for examining the practical implementation of SAK EMKM at the transaction level.

3.3. Data Sources

The study utilized both documentary data and observational evidence. The primary empirical data consisted of the clinic's daily cash records for the 2025 fiscal year. The records covered 365 days and contained information on transaction dates, cash inflows, cash outflows, daily profit or loss, ending cash balances, patient numbers, and transaction-related descriptions. The documentary data were supplemented by direct observations of the financial recording procedures used by the clinic's administrative personnel. Observation was conducted to understand how transactions were recorded in practice and to assess whether the documented recording procedures were supported by source documentation. However, access to certain supporting accounting documents was limited. The research team did not obtain complete physical transaction evidence, such as patient receipts, purchase invoices, inventory cards, or a formal fixed asset register. Consequently, the evaluation of inventory and fixed asset accounting was based primarily on the available financial records, observations, and the absence or presence of relevant accounting documentation. This limitation is explicitly considered in interpreting the findings.

3.4. Data Collection Procedures

Data collection was conducted through three complementary procedures: document analysis, direct observation, and documentation. First, document analysis was conducted on the daily cash records maintained by the clinic throughout 2025. The researchers reviewed the records to identify the nature, frequency, and classification of cash receipts and disbursements and to identify recurring descriptions related to medical consumables, orthodontic services, and other operational activities. Second, direct observation was conducted to examine the actual financial recording process. The researchers observed how administrative personnel recorded daily transactions, calculated daily

financial balances, and documented patient-related payments and operating expenditures. Observation was used to complement the documentary evidence and reduce reliance on the written records alone. Third, documentation was used to collect and preserve relevant research evidence, including available financial records and visual documentation of the research setting and recording activities. The combination of these data collection techniques enabled the researchers to compare documented records with observed practices.

3.5. Analytical Framework

The evaluation framework was developed from the relevant accounting recognition and measurement requirements of SAK EMKM. Rather than treating SAK EMKM conformity as a single aggregate variable, the study decomposed the assessment into four analytical dimensions.

Analytical Dimension	Main Evaluation Criteria
Cash recording and transaction documentation	Completeness and consistency of cash receipt and disbursement records; availability and traceability of supporting transaction evidence
Inventory recognition	Identification of medical consumables; recording of purchases and usage; determination of unused inventory at the reporting date
Fixed asset recognition and depreciation	Identification of assets used in clinic operations; recording of acquisition cost; existence of an asset register; systematic depreciation
Revenue recognition	Identification of service revenue; distinction between cash receipts and revenue; treatment of installment-based services and potential receivables

This framework allowed the researchers to evaluate not only whether financial transactions were recorded but also whether the accounting treatment reflected the economic substance of the underlying transactions.

3.6. Data Analysis

Data analysis followed a descriptive evaluative procedure consisting of four sequential stages: data organization, classification, comparison, and interpretation. First, the daily financial records were organized and aggregated into monthly and annual summaries. The researchers identified total cash inflows, cash outflows, daily surpluses or deficits, and patient visits during the 2025 fiscal year. Second, the researchers classified the observed accounting practices into the four analytical dimensions established in the evaluation framework. Particular attention was given to recurring transaction patterns, including medical consumable purchases, fixed asset-related expenditures, routine dental services, and installment-based orthodontic payments. Third, the observed practices were compared with the relevant requirements of SAK EMKM. The comparison focused on whether each accounting practice satisfied the underlying recognition, measurement, documentation, and presentation principles applicable to the respective accounting element. Fourth, the results of the comparison were interpreted to identify areas of conformity, partial conformity, and non-conformity. The analysis did not assign statistical scores to the level of compliance because the objective of the study was not to construct a quantitative compliance index but to provide a contextual evaluation of the clinic's accounting practices. The analytical process can therefore be summarized as:

Daily financial records → Data classification → Identification of accounting practices → Comparison with SAK EMKM → Identification of conformity gaps → Interpretation and recommendations

3.7. Data Validity and Trustworthiness

To enhance the credibility of the findings, the study applied methodological triangulation by comparing documentary evidence with direct observations of the clinic's financial recording practices. Documentary analysis provided evidence concerning what was recorded, while observation provided contextual information concerning how the recording process was implemented. The researchers also maintained an explicit distinction between documented evidence and inferred accounting conditions. Where supporting documents were available, conclusions were based on the documented evidence. Where documents were unavailable, particularly for inventory and fixed assets, the findings were interpreted as evidence of insufficient accounting documentation rather than as definitive evidence that the underlying assets or inventories did not exist. This distinction is important because the absence of an accounting record does not necessarily establish the physical absence of an economic resource. Accordingly, conclusions concerning inventory and fixed assets were limited to the extent supported by the available evidence.

3.8. Research Ethics

The study was conducted with the permission and cooperation of Rezki Husada Dental Clinic. Financial information obtained during the research was used exclusively for academic purposes. The analysis focused on the clinic's accounting procedures and did not disclose individual patient identities or confidential personal information. The researchers also presented the limitations associated with restricted access to supporting financial documents to ensure that the interpretation of the findings remained transparent and evidence-based.

3.9. Methodological Limitations

Several methodological limitations should be considered when interpreting the findings. First, the study employed a single-case design involving only Rezki Husada Dental Clinic; therefore, the findings cannot be statistically generalized to all dental clinics or healthcare MSMEs. Instead, the study provides contextual and analytical insights that may be transferable to organizations with comparable characteristics. Second, the primary financial dataset consisted of daily cash records rather than complete financial statements and comprehensive accounting documentation. Third, the researchers did not obtain complete physical transaction evidence, inventory cards, or a formal fixed asset register. As a result, conclusions concerning inventory and fixed asset recognition are necessarily indicative and reflect the accounting documentation available during the study rather than a physical audit or independent valuation. These limitations do not invalidate the evaluation but establish the appropriate boundaries for interpreting the results. Future research should incorporate multiple dental clinics, longer observation periods, complete source documents, physical inventory verification, fixed asset registers, and interviews with owners and accounting personnel to obtain a more comprehensive assessment of SAK EMKM implementation.

4.Results and Discussion

4.1. Overview of the Clinic's Financial Recording Practices

The analysis of the daily financial records of Rezki Husada Dental Clinic for the 2025 fiscal year indicates that the clinic maintained relatively consistent financial recording practices throughout the observation period. The available records covered 365 days and included information on daily cash inflows, cash outflows, daily cash balances, daily surplus or deficit, and the number of patients served. This level of recording continuity indicates that the clinic had established a basic bookkeeping routine as part of its daily administrative activities. During 2025, the clinic recorded total cash inflows of IDR 435,065,000 and total cash outflows of IDR 267,632,600, resulting in a net cash surplus of IDR

167,432,400. The clinic recorded 1,461 patient visits during the year, equivalent to approximately four patients per day. Of the 365 recorded days, 285 days generated positive daily cash balances, whereas 80 days recorded daily cash deficits. The occurrence of daily deficits was generally associated with relatively high operating expenditures, particularly purchases of medical consumables.

However, the existence of consistent daily bookkeeping should not be interpreted as evidence that the clinic has fully implemented standardized accounting practices. The records primarily function as a cash monitoring mechanism rather than as a comprehensive accounting system. In particular, the records do not adequately capture the accounting treatment of inventories, fixed assets, depreciation, receivables, or service revenue based on the economic substance of the underlying transactions. This distinction is important because the annual difference between cash inflows and cash outflows represents a cash surplus rather than accounting profit. Accounting profit requires the recognition and measurement of all relevant income and expenses, including expenses arising from inventory consumption and depreciation, as well as the appropriate treatment of receivables and other non-cash items. Therefore, the reported IDR 167,432,400 should not automatically be interpreted as the clinic's economic profit for 2025.

Table 1. Annual Financial Overview of Rezki Husada Dental Clinic, 2025

Indicator	Amount
Total cash inflows	IDR 435,065,000
Total cash outflows	IDR 267,632,600
Net cash surplus	IDR 167,432,400
Total patient visits	1,461
Average patient visits per day	approximately 4
Days with positive cash balance	285
Days with negative cash balance	80

Source: Processed from the daily cash records of Rezki Husada Dental Clinic, 2025.

The findings demonstrate an important distinction between bookkeeping consistency and accounting conformity. Although the clinic demonstrates a relatively strong administrative habit in recording daily cash movements, the information generated remains insufficient to produce standardized financial statements in accordance with SAK EMKM. This finding is consistent with the broader MSME accounting literature, which indicates that regular cash recording does not necessarily translate into comprehensive financial reporting practices.

4.2. Cash Recording and Supporting Transaction Documentation

The first dimension examined was the recording of cash receipts and cash disbursements and the availability of supporting transaction documentation. The results indicate that the clinic consistently recorded daily cash movements throughout 2025. Cash receipts from patients and cash expenditures for operational activities were entered into the daily records, accompanied by calculations of daily balances and reported daily surplus or deficit. From an administrative perspective, this practice represents a positive foundation for financial management. Consistent recording allows the clinic to monitor cash availability and provides a basic historical record of its daily financial activities. The presence of a continuous 365-day record also reduces the risk of completely undocumented transactions and provides a useful starting point for developing a more comprehensive accounting system.

Nevertheless, the evaluation identified a significant weakness concerning transaction documentation. The researchers did not obtain sufficient physical or documentary evidence supporting individual transactions, such as patient receipts, purchase invoices, expenditure receipts, or other source documents that could be systematically traced to the amounts recorded in the cash book. This condition limits the reliability and verifiability of the accounting information. A financial record should not only contain numerical amounts but should also provide an adequate audit trail through which individual transactions can be traced to their underlying evidence. Without supporting documents, it becomes difficult to independently verify whether a recorded amount actually occurred, whether the amount was correctly classified, and whether the transaction was recorded in the appropriate period.

The finding therefore indicates partial conformity with the principles underlying SAK EMKM. The clinic has implemented the recording component, but the supporting documentation component remains weak. This distinction is important because accounting reliability depends not merely on the existence of records but also on the availability of evidence supporting those records. The finding is broadly consistent with previous studies of MSMEs, which have identified inadequate documentation and limited accounting formalization as recurring weaknesses. The clinic's experience illustrates that improving MSME accounting should therefore begin not only with the preparation of financial statements but also with strengthening the source-documentation system upon which those statements depend.

4.3. Recognition of Medical Consumable Inventories

The second dimension concerns the recognition of medical consumable inventories. The available records indicate that the clinic regularly purchased and used medical consumables in its daily operations. Examples include gloves, masks, cotton, syringes, dental filling materials, and other materials required to provide dental services. The daily records occasionally contained narrative descriptions indicating periods of relatively high consumption or expenditure on medical supplies. However, the researchers did not identify a systematic inventory record showing the quantity and monetary value of materials purchased, consumed, and remaining at the reporting date. No formal inventory card or periodic inventory reconciliation was available in the documents examined. This finding has significant accounting implications. Medical consumables that remain unused at the end of an accounting period constitute economic resources controlled by the clinic and should not automatically be treated as expenses merely because cash was paid for their acquisition. The appropriate accounting treatment requires the entity to distinguish between materials consumed in providing services and materials that remain available for future use.

The absence of systematic inventory records therefore creates the possibility of a mismatch between cash expenditures and accounting expenses. If all purchases are immediately recognized as expenses, operating expenses may be overstated in the acquisition period, while current assets may be understated because unused materials are not recognized as inventory. Conversely, if materials consumed during service provision are not appropriately recognized as expenses, operating costs may be understated. The results therefore indicate non-conformity in the documentation and systematic recognition of medical consumable inventories. However, this conclusion should be interpreted cautiously. Because the researchers did not obtain complete physical inventory records or conduct an independent physical count, the finding concerns the absence of an adequate inventory accounting system rather than a definitive measurement of the clinic's physical inventory balance. From a managerial perspective, this weakness also extends beyond financial reporting. An inventory system would enable the clinic to monitor consumption patterns, identify excessive usage, reduce stock-out risks, and improve purchasing decisions. Thus, inventory accounting can simultaneously function as a financial reporting mechanism and an operational control mechanism.

4.4. Recognition and Depreciation of Fixed Assets

The third dimension concerns fixed assets used in the clinic's operations. Dental clinics generally depend on assets with relatively long useful lives, including dental chairs, dental instruments, sterilization equipment, computers, furniture, and other clinical and administrative equipment. The examination of the available financial records did not identify a formal fixed asset register containing information such as asset descriptions, acquisition dates, acquisition costs, useful lives, accumulated depreciation, and carrying amounts. Similarly, the records did not demonstrate systematic depreciation calculations for assets used in clinic operations. This condition represents a substantial accounting gap because fixed assets differ fundamentally from ordinary operating expenditures. An asset that provides economic benefits over multiple reporting periods should not generally be treated as an expense entirely in the period in which it is acquired. Instead, its depreciable amount should be allocated systematically over its useful life.

The absence of depreciation also affects the interpretation of the clinic's reported financial performance. The annual cash surplus of IDR 167,432,400 does not incorporate depreciation expenses associated with long-lived clinical and administrative equipment. Consequently, if the clinic were to prepare an accrual-based income statement without adjusting its existing records, the resulting profit could differ materially from the cash surplus currently reported. The finding therefore indicates non-conformity in fixed asset recognition and depreciation practices based on the available accounting documentation. Nevertheless, as with inventory, this conclusion is limited by the absence of a complete fixed asset register and physical verification. The study cannot determine the precise carrying value or depreciation expense of the clinic's assets without additional information concerning acquisition costs, acquisition dates, useful lives, and residual values. This finding reinforces the importance of establishing a fixed asset register as part of the clinic's accounting system. Such a register would not only improve compliance with SAK EMKM but would also provide management with information about the condition, age, replacement requirements, and economic utilization of major clinical equipment.

4.5. Revenue Recognition and Installment-Based Dental Services

The fourth dimension concerns revenue recognition. The financial records show that cash received from patients was generally recorded as income when the payment was received. This approach is relatively straightforward for services that are completed and paid for on the same day, such as certain consultation, scaling, or dental treatment transactions. However, the accounting treatment becomes more complex for services involving multiple visits and installment payments, particularly orthodontic treatment. The records contained recurring indications of patients undergoing orthodontic follow-up visits. These transactions may involve an initial payment followed by additional payments during subsequent control visits. The available records did not provide sufficient evidence of a systematic distinction between cash received, revenue earned, and potential patient receivables. As a result, cash received from installment arrangements may be recognized as income at the time of collection without separately determining whether the amount represents revenue from services already performed, settlement of a receivable, or another form of customer-related balance.

This practice creates a potential timing problem in revenue recognition. Cash collection and revenue recognition are conceptually different economic events. Where payment is made in installments, the amount of cash received during a particular period may not correspond directly to the value of services performed during that period. The finding indicates that the clinic's revenue recording system is predominantly cash-oriented, and therefore does not provide sufficient information to distinguish cash receipts from revenue recognition and receivables. This is particularly relevant for orthodontic services, where treatment extends over multiple visits.

Nevertheless, the finding should not be interpreted to mean that all cash-basis recording is inherently inappropriate for a micro-scale business. The central issue is whether the accounting records provide sufficient information to recognize the relevant financial elements in accordance with the applicable SAK EMKM requirements. Where transactions involve receivables, advances, or services delivered over multiple periods, a purely cash-oriented record may not adequately capture the underlying economic substance.

4.6. Overall Conformity with SAK EMKM

When the four dimensions are considered collectively, the results indicate that Rezki Husada Dental Clinic has established a basic bookkeeping system but has not yet developed a comprehensive SAK EMKM-based accounting system. The strongest aspect of the existing system is the consistency of daily cash recording. The clinic recorded financial activities throughout the entire 2025 fiscal year, creating a substantial documentary foundation for subsequent accounting improvements. However, the consistency of recording is not accompanied by sufficient source documentation or comprehensive recognition of other accounting elements.

Table 2. Summary of Accounting Practice Evaluation

Accounting Dimension	Observed Practice	Evaluation
Cash recording	Daily cash inflows and outflows recorded consistently	Partially conforming
Transaction evidence	Limited supporting receipts, invoices, or source documents	Not adequately conforming
Medical consumables	Purchases recorded as cash expenditures; no systematic inventory records	Not conforming
Fixed assets	No formal fixed asset register identified	Not conforming
Depreciation	No systematic depreciation calculation identified	Not conforming
Revenue	Predominantly recognized when cash is received	Partially conforming
Installment-based services	No clear separation between cash receipts, revenue, and receivables	Not adequately conforming

The pattern indicates that the primary challenge is not the absence of financial recording but the limited accounting recognition beyond cash transactions. This distinction provides an important insight into MSME accounting implementation. The transition from simple bookkeeping to standardized financial reporting requires the integration of source documentation, inventory records, fixed asset registers, depreciation schedules, receivable records, and appropriate revenue recognition procedures.

4.7. Discussion: From Cash Bookkeeping to Standardized Financial Reporting

The findings provide evidence of a recurring implementation gap between simplified bookkeeping practices and standardized financial reporting among MSMEs. Rezki Husada Dental Clinic has demonstrated a relatively strong commitment to recording daily financial activities, but its accounting system remains primarily focused on monitoring cash movements. This finding suggests that the fundamental challenge is not necessarily whether MSMEs are willing to record transactions but whether they possess the knowledge, procedures, and organizational infrastructure required to transform basic records into standardized financial information. The findings concerning transaction documentation further demonstrate that accounting quality depends on the existence of an adequate

audit trail. A daily cash book can improve internal monitoring, but without supporting evidence, the information remains difficult to verify. This finding is particularly important for small healthcare businesses because transactions involve multiple stakeholders, including patients, suppliers, healthcare personnel, and equipment providers. A standardized documentation system can therefore improve both accountability and internal control.

The inventory finding demonstrates another important distinction between cash expenditure and accounting expense. Medical consumables are directly associated with the delivery of dental services, but their purchase and consumption may occur in different accounting periods. Consequently, the absence of inventory records may distort both the financial position and operating performance of the clinic. Establishing simple inventory cards and periodic physical counts would provide a relatively low-cost mechanism for addressing this gap. The fixed asset finding is similarly important. Dental clinics require substantial investment in specialized equipment, yet the available cash records do not provide information regarding the long-term economic resources employed in the business. The absence of depreciation means that the cost of using these assets is not systematically reflected in periodic financial performance. Therefore, the development of a fixed asset register and depreciation schedule should be regarded as a central component of accounting system improvement rather than merely a compliance exercise. The revenue recognition finding further demonstrates the limitations of purely cash-oriented bookkeeping. While cash-based records may be adequate for monitoring liquidity, they provide incomplete information about economic performance when services are provided through installment arrangements. In the case of orthodontic treatment, distinguishing between service revenue, patient receivables, and cash collections is necessary to ensure that financial information reflects the substance and timing of the services provided. Taken together, these findings suggest that the implementation of SAK EMKM in a dental clinic should be approached as a process of accounting system development rather than merely financial statement preparation. The clinic already possesses the most basic component—continuous transaction recording. The next stage should involve strengthening documentation, establishing inventory and fixed asset records, introducing depreciation procedures, and improving the distinction between revenue and cash collection.

4.8. Practical Implications for Accounting System Improvement

The findings have several practical implications for Rezki Husada Dental Clinic and similar healthcare MSMEs. First, the clinic should develop a standardized cash recording procedure in which every transaction is assigned a reference number and supported by an appropriate receipt, invoice, or payment document. Second, a simple inventory card should be introduced for major medical consumables, recording beginning balances, purchases, usage, and ending balances. Third, the clinic should establish a fixed asset register containing asset descriptions, acquisition dates, acquisition costs, useful lives, depreciation methods, accumulated depreciation, and carrying amounts. Fourth, installment-based services should be documented through patient-level service records that distinguish amounts paid, amounts receivable, and services already delivered. These improvements do not necessarily require sophisticated accounting software. A structured spreadsheet-based system can initially provide a practical transition from the existing cash book toward standardized accounting records. The important consideration is that each financial transaction should be supported by adequate documentation and subsequently classified according to its economic substance.

Overall, the evidence indicates that Rezki Husada Dental Clinic has a strong starting point in the form of consistent daily financial recording, but substantial improvements are required before its accounting system can be considered fully aligned with SAK EMKM. The case therefore demonstrates that the implementation of simplified accounting standards in micro-scale healthcare businesses

requires not only awareness of accounting standards but also operational procedures capable of translating those standards into daily recording practices.

5. Conclusion

5.1. Conclusion

This study evaluated the financial recording procedures and accounting recognition practices of Rezki Husada Dental Clinic in relation to the Financial Accounting Standards for Micro, Small, and Medium Entities (SAK EMKM) using daily financial records covering the entire 2025 fiscal year. The findings demonstrate that the clinic has established a consistent basic bookkeeping practice, as evidenced by the availability of financial records for 365 days containing information on cash inflows, cash outflows, daily balances, daily surpluses or deficits, and patient visits. During the period, the clinic recorded total cash inflows of IDR 435,065,000 and cash outflows of IDR 267,632,600, resulting in a net cash surplus of IDR 167,432,400.

Despite this consistency, the existing bookkeeping system cannot yet be considered fully aligned with SAK EMKM. The principal weaknesses concern the absence of adequate supporting transaction documentation, the lack of systematic recognition and measurement of medical consumable inventories, the absence of a formal fixed asset register and depreciation calculation, and the predominantly cash-oriented recognition of service revenue. These conditions demonstrate that consistent daily bookkeeping does not necessarily indicate conformity with standardized financial reporting requirements.

The study therefore concludes that Rezki Husada Dental Clinic is positioned at an intermediate stage between basic cash bookkeeping and standardized accounting. The clinic already possesses a valuable foundation through continuous transaction recording, but further development is required to transform these records into reliable financial information that appropriately reflects the clinic's assets, liabilities, income, expenses, and financial performance.

5.2. Theoretical Implications

This study contributes to the literature on MSME accounting by demonstrating that the implementation of simplified accounting standards should not be evaluated solely on the basis of whether an entity maintains financial records. Instead, accounting standard implementation needs to be assessed through the extent to which individual economic transactions are appropriately documented, classified, recognized, measured, and subsequently incorporated into financial reporting. The findings extend existing discussions of SAK EMKM implementation by providing evidence from a healthcare service context, particularly a dental clinic. Unlike many conventional MSMEs, dental clinics simultaneously manage service revenue, medical consumables, specialized fixed assets, and installment-based treatment arrangements. These characteristics demonstrate that the practical application of simplified accounting standards remains context-dependent and requires accounting procedures that reflect the specific economic characteristics of the business. The study also reinforces the distinction between cash bookkeeping and financial accounting. A cash book can provide useful information for monitoring liquidity, but it does not necessarily provide sufficient information for determining accounting profit or financial position. This distinction is particularly relevant for MSMEs that use simple bookkeeping systems and may equate cash surplus with business profitability.

5.3. Practical Implications

The findings provide several practical implications for Rezki Husada Dental Clinic and similar healthcare-based MSMEs. First, the clinic should strengthen its transaction documentation system by requiring each cash receipt and disbursement to be supported by an identifiable source document, such

as a receipt, invoice, purchase document, or payment record. A sequential numbering system and systematic document archiving would improve transaction traceability and accountability. Second, the clinic should introduce a simple inventory management system for medical consumables. Inventory cards or spreadsheet-based records can be used to document beginning balances, purchases, usage, and ending balances. Periodic physical counts should be conducted to reconcile recorded quantities with actual inventory. Third, the clinic should establish a fixed asset register covering dental chairs, medical equipment, computers, furniture, and other long-term operational assets. The register should include acquisition cost, acquisition date, useful life, depreciation method, accumulated depreciation, and carrying amount. Systematic depreciation would improve the accuracy of reported operating expenses and financial position.

Fourth, the clinic should distinguish between cash collections and revenue recognition, particularly for orthodontic and other installment-based services. Patient-level records should identify the amount of service provided, payments received, outstanding balances, and relevant receivables. These procedures would provide a stronger basis for recognizing revenue and monitoring patient receivables. Finally, the clinic can gradually transition from its existing cash book toward a simplified accounting system without immediately adopting complex accounting software. A structured spreadsheet or basic accounting application can integrate cash records, inventory, fixed assets, receivables, revenue, and expenses while maintaining the simplicity required by a micro-scale healthcare business.

5.4. Limitations

This study has several limitations that should be considered when interpreting its findings. First, the research employed a single-case study involving only Rezki Husada Dental Clinic. Consequently, the findings cannot be statistically generalized to all dental clinics or healthcare MSMEs. Instead, the findings should be understood as contextual evidence that may provide analytical insights for businesses with similar characteristics. Second, the empirical analysis relied primarily on the clinic's daily cash records for 2025. The researchers did not obtain complete supporting transaction documents, formal inventory cards, or a comprehensive fixed asset register. Therefore, the evaluation of inventory and fixed assets was based on the available accounting records and the absence of documented accounting procedures rather than on a comprehensive physical audit or independent asset valuation. Third, the study did not reconstruct a complete set of financial statements from the clinic's underlying transactions. Consequently, the analysis identifies accounting recognition gaps but does not quantify the precise effect of those gaps on the clinic's statement of financial position or accounting profit. The reported IDR 167,432,400 is therefore interpreted as a net cash surplus rather than as definitive accounting profit. These limitations should be taken into account when interpreting the extent of SAK EMKM non-conformity identified in the study.

5.5. Future Research

Future studies should expand the scope of investigation by examining multiple dental clinics and other healthcare MSMEs across different geographical and organizational contexts. Comparative studies could determine whether the accounting challenges identified in Rezki Husada Dental Clinic represent broader patterns within micro-scale healthcare businesses or are specific to individual organizational practices. Further research should also incorporate more comprehensive sources of evidence, including interviews with clinic owners, administrative personnel, and accounting staff; direct examination of transaction receipts and invoices; physical inventory counts; fixed asset verification; and patient-level records for installment-based services. Such data would enable researchers to move from a descriptive compliance assessment toward a more comprehensive evaluation of the financial reporting

consequences of SAK EMKM implementation. Future research could also develop a standardized SAK EMKM compliance assessment framework for healthcare MSMEs that integrates transaction documentation, inventory management, fixed asset accounting, depreciation, revenue recognition, and financial statement preparation. Such a framework could subsequently be tested across a larger sample of clinics using mixed-method or quantitative approaches. Finally, longitudinal research would be valuable for examining whether the implementation of accounting SOPs and simplified digital accounting systems improves financial reporting quality, managerial decision-making, financing access, and operational efficiency over time. Such research would extend the present study from identifying accounting gaps toward evaluating the effectiveness of specific interventions designed to improve SAK EMKM implementation in healthcare-based MSMEs.

References

Fitriani, P. A. (2021). Analisis penyusunan laporan keuangan UMKM berdasarkan Standar Akuntansi Keuangan EMKM di Kelurahan Padasuka. *Jurnal Aktual Akuntansi Keuangan Bisnis Terapan*.

Gustani. (2021). *Format laporan keuangan UMKM berdasarkan SAK EMKM*. Gustani.ID.

Ikatan Akuntan Indonesia. (2016). *Standar Akuntansi Keuangan Entitas Mikro, Kecil, dan Menengah*. Jakarta: Dewan Standar Akuntansi Keuangan IAI.

Kanal Pengetahuan FKKMK UGM. (2022). *Pengakuan pendapatan di rumah sakit*. Fakultas Kedokteran, Kesehatan Masyarakat dan Keperawatan, Universitas Gadjah Mada.

Khaddafi, M., Salsabila, A. A., Sagala, A., Anggraini, A. R., & Riani, I. (2025). Penerapan pencatatan laporan keuangan berdasarkan SAK-EMKM pada UMKM. *Akuntansi Pajak dan Kebijakan Ekonomi Digital*, 2(3), 137-144.

Kieso, D. E., Weygandt, J. J., & Warfield, T. D. (2020). *Intermediate accounting: IFRS edition (4th ed.).* Wiley.

Komite Standar Akuntansi Pemerintahan. (2021). *Pengakuan pendapatan menurut SAK dan pengakuan pendapatan menurut SAP*. KSAP.

Larasati, U. A., & Farida, Y. N. (2021). Pengaruh sosialisasi, pemahaman atas laporan keuangan dan tingkat pendidikan pelaku UKM terhadap penerapan SAK EMKM pada UKM di Kabupaten Kebumen. JEBA: *Jurnal Ekonomi, Bisnis, dan Akuntansi*, 23(2), 62-76.

Pinasti, M. (2007). *Pengaruh penyelenggaraan dan penggunaan informasi akuntansi terhadap persepsi pengusaha kecil atas informasi akuntansi*. Simposium Nasional Akuntansi X.

Prajatno, A., & Septriana, I. (2018). Implementasi penerapan SAK EMKM serta dampaknya pada kualitas pelaporan keuangan UMKM (studi kasus pada UMKM se-Kota Semarang). *Jurnal ASET*.

Purba, M. A. (2019). Analisis penerapan SAK EMKM pada penyusunan laporan keuangan UMKM di Kota Batam. *Jurnal Akuntansi Barelang*, 3(2), 55-63.

Rabianti. (2024). Analisis penerapan akuntansi berdasarkan SAK EMKM pada UMKM bengkel motor. *Jurnal Akuntansi dan Keuangan Kontemporer* (JAKK).

Rudiantoro, R., & Siregar, S. V. (2012). Kualitas laporan keuangan UMKM serta prospek implementasi SAK ETAP. *Jurnal Akuntansi dan Keuangan Indonesia*, 9(1), 1-21.

Tatik. (2018). Implementasi SAK EMKM (Standar Akuntansi Keuangan Entitas Mikro Kecil dan Menengah) pada laporan keuangan UMKM (studi kasus pada UMKM XYZ Yogyakarta). *Relasi: Jurnal Ekonomi*, 14(2), 1-14.