

**INDEPENDENT CONTRACTOR PAYMENT FOR SERVICES - CLAIM FORM**

<p><b>NAME (required)</b> _____</p> <p><b>BUSINESS NAME</b> _____</p> <p><b>ADDRESS</b> _____</p> <p><b>COUNTRY</b> _____</p> <p><b>EMAIL</b> _____</p> <p><b>CLIENT POINT OF CONTACT (required)</b> _____</p> <p><b>JOB LOCATION</b> _____</p> <p><b>TEAM</b> _____</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;"><b>INVOICE DATE:</b></td> <td align="right">-</td> </tr> <tr> <td><b>INVOICE NO:</b></td> <td></td> </tr> <tr> <td><b>INVOICE TOTAL (USD):</b></td> <td align="right">\$</td> </tr> </table> <p><b>BILL TO:</b></p> <p align="right"><b>Project Recruit Management Services Ltd,</b>  Menzies Llp 2nd Floor  Magna House, 18-32 London Road,  Staines-Upon-Thames  United Kingdom  TW18 4BP</p>	<b>INVOICE DATE:</b>	-	<b>INVOICE NO:</b>		<b>INVOICE TOTAL (USD):</b>	\$
<b>INVOICE DATE:</b>	-						
<b>INVOICE NO:</b>							
<b>INVOICE TOTAL (USD):</b>	\$						

<b>Cost Centre (CC) <i>photographers only:</i></b>		<b>GL Account # (GL) <i>photographers only:</i></b>	
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Job Date(s) (required)	Job Description	Quantity	Units	Rate	Subtotal
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
<b>TOTAL</b>					\$ -

<b>EXPENSES</b>			
<i>Please discuss with your reporting manager to agree on what you may expense (if applicable).</i>			
Expense Date	Business Reason	Total Amount in Local Currency	Total Amount in USD (\$)
<b>TOTAL Expenses Amount (USD)</b>			\$ -

MILEAGE	REIMBURSEMENT LOG	INSTRUCTIONS: This form is required in order for you to be reimbursed for using your PERSONAL CAR for visits to clients, prospects or to cover news stories. Please ask your administrator for the reimbursement rate for each country in order to fill this document. Please fill out all sections of this form. To calculate your mileage, multiple it by the reimbursement rate for your country found			
Date of Trip	Description/purpose of trip. Include POS#, CIAO#, ETRS etc if applicable	# Miles or Kilometers Driven	Reimbursement Rate	Total	
				0.00	
				0.00	
				0.00	
				0.00	
<b>TOTAL Mileage Reimbursement Amount (USD):</b>			\$	-	

