

INDEPENDENT CONTRACTOR PAYMENT FOR SERVICES - CLAIM FORM

NAME (required) _____

BUSINESS NAME _____ (IF TRADING UNDER COMPANY)

ADDRESS _____

COUNTRY _____

EMAIL _____

CLIENT POINT OF CONTACT (required) _____

JOB LOCATION _____

TEAM _____

INVOICE DATE:	-
INVOICE NO:	
INVOICE TOTAL (USD):	\$

BILL TO: Project Recruit US inc,
7026 Groton Street,
Forest Hills,
NY 11375,
USA

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

EXPENSES
Please discuss with your reporting manager to agree on what you may expense (if applicable).

Expense Date	Business Reason	Total Amount in Local Currency	Total Amount in USD (\$)
TOTAL Expenses Amount (USD)			\$ -

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
TOTAL Mileage Reimbursement Amount (USD):				\$ -

