

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

Work Date(s) (required) (the date or dates when the work was carried out)	Description of Work (A short description of the work or assignment you completed)	Quantity (The number of units you are billing for)	Units (What the quantity refers to (e.g. hours, days, articles etc.))	Rate (The agreed rate per unit)	Subtotal (Quantity x Rate)
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
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
					0.00
					0.00
					0.00
					0.00
TOTAL Mileage Reimbursement Amount (USD):				\$	-