

INDEPENDENT CONTRACTOR PAYMENT FOR SERVICES - CLAIM FORM

NAME (required)	<input type="text"/>
BUSINESS NAME	<input type="text"/>
ADDRESS	<input type="text"/>
COUNTRY	<input type="text"/>
EMAIL	<input type="text"/>

INVOICE DATE:	-
INVOICE NO:	
CURRENCY: (required)	
INVOICE TOTAL:	

Project Global Management Services Corp.,
3rd Floor R.A Nocon Bldg. 240 E. Rodriguez Highway Manggahan,

Rodriguez (Montalban), Rizal,
Region IV-A (Calabarzon), 1860.

**CLIENT POINT OF
CONTACT** (required)

JOB LOCATION _____

TEAM _____

Cost Centre (CC) *Photographers only:*

GL Account # (GL) *photographers only:*

EXPENSES

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

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
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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
					0.00
TOTAL Mileage Reimbursement Amount:				-	