

INDEPENDENT CONTRACTOR PAYMENT FOR SERVICES - CLAIM FORM

NAME (required) _____

BUSINESS NAME _____

ADDRESS _____

COUNTRY _____

EMAIL _____

CLIENT POINT OF CONTACT (required) _____

JOB LOCATION _____

TEAM _____

INVOICE DATE:	-
INVOICE NO:	
CURRENCY: <i>(required)</i>	
INVOICE TOTAL:	

BILL TO: Project Global TH Co., Ltd.,
117, Soi Somdet Phra Chao Tak Sin 30.,
Bukkhalo Sub District,
Thon Buri District,
Bangkok

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	Currency (required)
TOTAL Expenses Amount			-

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	
				0.00	
TOTAL Mileage Reimbursement Amount:				-	