

## 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 style="text-align: center;">-</td> </tr> <tr> <td><b>INVOICE NO:</b></td> <td></td> </tr> <tr> <td><b>CURRENCY:</b> <i>(required)</i></td> <td></td> </tr> <tr> <td><b>INVOICE TOTAL:</b></td> <td></td> </tr> </table> <p><b>BILL TO:</b> <b>Project Global Management Services Corp.,</b>          3rd Floor R.A Nocon Bldg. 240 E. Rodriguez Highway Manggahan,          Rodriguez (Montalban), Rizal,          Region IV-A (Calabarzon), 1860.</p>	<b>INVOICE DATE:</b>	-	<b>INVOICE NO:</b>		<b>CURRENCY:</b> <i>(required)</i>		<b>INVOICE TOTAL:</b>	
<b>INVOICE DATE:</b>	-								
<b>INVOICE NO:</b>									
<b>CURRENCY:</b> <i>(required)</i>									
<b>INVOICE TOTAL:</b>									

Work Date(s) (required) <small>(the date or dates when the work was carried out)</small>	Description of Work <small>(A short description of the work or assignment you completed)</small>	Quantity <small>(The number of units you are billing for)</small>	Units <small>What the quantity refers to (e.g. hours, days, articles etc.)</small>	Rate <small>(The agreed rate per unit)</small>	Subtotal <small>(Quantity × Rate)</small>
					-
					-
					-
					-
					-
					-
					-
					-
<b>TOTAL</b>					-

### EXPENSES

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

Expense Date	Business Reason	Total Amount	Currency (required)
<b>TOTAL Expenses Amount</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	
				0.00	
<b>TOTAL Mileage Reimbursement Amount:</b>			-		