

PAYROLL STATEMENT

External Advisor Consultant Hours

ADVISOR & PERIOD DETAILS

Advisor Name:	_____	Statement Date:	_____
Advisor ID:	_____	Payment Period:	_____
Tax ID / SSN:	_____	Department:	_____
Email / Phone:	_____	Contract Ref:	_____

CONSULTING HOURS LOG

DATE	PROJECT / DESCRIPTION OF SERVICES	HOURS	RATE	TOTAL AMOUNT

Total Hours Rendered:	_____
Gross Consulting Fees:	_____
Reimbursable Expenses:	_____
Withholding Tax / Deductions:	_____
Net Pay Amount:	_____

Advisor Signature
Date:

Authorized Approver Signature
Date: