

CONSULTANT FEE & PAYROLL TRACKER

Consulting Service Agreement Payment Records

Agreement ID:

Period Ending:

Consultant Information

Name:

Company/Entity:

Email:

Tax ID / EIN:

Contract & Rate Terms

Effective Date:

Billing Structure:

Base Fee/Rate (\$):

Maximum Cap (\$):

TOTAL HOURS WORKED

TOTAL FEES EARNED

TOTAL EXPENSES

NET AMOUNT PAID

TOTALS:

Consultant Signature

Date: _____

Authorized Approval Signature

Date: _____