

CONSULTING PAYROLL STATEMENT

Consultant Name		Statement Period	
Consultant ID		Statement Date	
Agreement Ref.		Payment Date	

PROFESSIONAL SERVICES RENDERED

DATE / PERIOD	DESCRIPTION OF CONSULTING SERVICES	HOURS/UNITS	RATE	TOTAL AMOUNT

ADJUSTMENTS & REIMBURSEMENTS

DATE	ADJUSTMENT DESCRIPTION / EXPENSE ITEM	AMOUNT

Gross Consulting Fees _____

Total Reimbursements _____

Withholding / Deductions _____

Net Payable Amount _____

PAYMENT METHOD & DESTINATION

Bank Name	
Account Name	
Account / IBAN Number	
Routing / SWIFT Code	

Prepared By (Authorized Representative)

Date:

Approved By (Consultant Signature)

Date: