

# CONSULTANT PAYROLL

Compensation & Reimbursement Statement

Statement No: \_\_\_\_\_

Date: \_\_\_\_\_

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## CONSULTANT DETAILS

Consultant Name: \_\_\_\_\_

Consulting Firm: \_\_\_\_\_

Contract Ref: \_\_\_\_\_

Tax ID / EIN: \_\_\_\_\_

## PAY PERIOD & PROJECT

Project Name: \_\_\_\_\_

Period Start: \_\_\_\_\_

Period End: \_\_\_\_\_

Payment Terms: \_\_\_\_\_

## PROFESSIONAL SERVICES RENDERED

Task / Activity Description	Rate Type	Rate	Units / Hours	Total

## REIMBURSABLE EXPENSES & ADJUSTMENTS

Date	Expense Category / Description	Reference / Receipt No.	Amount

**Gross Service  
Earnings:**

\_\_\_\_\_

**Total  
Reimbursements:**

\_\_\_\_\_

**Adjustments /  
Deductions:**

**Net Payable  
Amount:**

\_\_\_\_\_  
\_\_\_\_\_

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**Consultant Signature**

Date: \_\_\_\_\_

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**Authorized Approver Signature**

Date: \_\_\_\_\_