

CONSULTANT PAYROLL

Hours & Expense Reimbursement Claim

Consultant Name:

Project / Client:

Department:

Invoice Number:

Billing Period:

Submission Date:

Consultant Hours

DATE	DESCRIPTION OF SERVICES / TASKS COMPLETED	HOURS	HOURLY RATE (\$)	TOTAL (\$)
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Reimbursable Expenses

DATE	EXPENSE CATEGORY	DESCRIPTION / PURPOSE	AMOUNT (\$)
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Total Labor Cost:

Total Expenses:

Grand Total
Due:

Consultant Signature Date

Approved By (Authorized Signature) Date