



ASSIGNMENT ACTIVITY REPORT

These two pages and all receipts are required within 2 weeks of event date in order for payment to be made to you.

Please send to: tbc@benefitprojects.com or fax to 678-579-9595.

Consultant Name _____ Assignment Date(s) _____
 Employer Company _____ Vendor _____
 Assignment Address _____ If other, please specify _____
 City/State _____

Travel Details – Automobile, taxi, bus, train or other ground transportation
(please include wait time at airport/train station/bus stop in total travel time)

Date _____ Total Travel Time (hrs/min) _____ To _____
 Date _____ Total Travel Time (hrs/min) _____ To _____
 Date _____ Total Travel Time (hrs/min) _____ To _____
 Date _____ Total Travel Time (hrs/min) _____ To _____
 Date _____ Total Travel Time (hrs/min) _____ To _____
 Date _____ Total Travel Time (hrs/min) _____ To _____

Assignment Date	Site Arrival Time (a.m. or p.m.)	Meeting/Fair Start Time (a.m. or p.m.)	Meeting/Fair End Time (a.m. or p.m.)	Site Departure Time (a.m. or p.m.)

Did you have a rented laptop or projector for this assignment? Yes Did you use a personal projector? Yes

Which employer representative was present? _____

Which vendor/broker was present? _____

How well did the client and vendor prepare you for the assignment? _____

Was any part of the assignment completed in a language other than English? Yes No If yes, please indicate below.

Date _____ Language _____
 Date _____ Language _____

Were there any changes to the assignment? If so, what were they? _____

Who made the changes and when were you notified? _____

What were the questions or issues raised by the employees? _____

What suggestion would you give to the vendor? _____

Should this location have meetings in the future? _____

What would be more effective at this location? _____

Do you think anything was missing from this meeting? _____



EXPENSE REPORT

These two pages and all receipts are required within 2 weeks of event date in order for payment to be made to you.
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TO EXPEDITE YOUR REIMBURSEMENT: Receipts are required for all expenses (including prepaid hotel). Please scan and email or fax them to us for each assignment (*include only one Employer per form*).

Name _____ Vendor/Provider _____
 Employer _____ If other, please specify _____
 Location _____

Date					
City/State					
TRANSPORTATION					
Actual Miles Driven (<i>in personal vehicle</i>)					
Tolls	\$	\$	\$	\$	\$
Parking	\$	\$	\$	\$	\$
Airline	\$	\$	\$	\$	\$
Rental Car	\$	\$	\$	\$	\$
Rental Car Fuel	\$	\$	\$	\$	\$
Train	\$	\$	\$	\$	\$
Other (<i>please specify</i>)	\$	\$	\$	\$	\$
MEALS					
Breakfast	\$	\$	\$	\$	\$
Lunch	\$	\$	\$	\$	\$
Dinner	\$	\$	\$	\$	\$
LODGING					
Prepaid	\$	\$	\$	\$	\$
Consultant Paid	\$	\$	\$	\$	\$
OTHER EXPENSES (<i>must be itemized</i>)					
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$

The following are not generally reimbursable. Please review the expense policy at www.benefitprojects.com.

- postage to submit paperwork
- photocopies of materials (*unless written authorization provided*)
- phone calls (*except to client or employer*)
- meals above limits outlined in expense policy
- non-preapproved overnight stays
- Additional charges to pre-paid hotel

By submission of this document, you attest that these expenses are complete and accurate to the best of your knowledge.