



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

The following are not generally reimbursable. Please review the expense policy at [www.benefitprojects.com](http://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.**