

**Consultant Timesheet Submission Form (required for payment)**

Consultant Last Name\*:

SOW (TC) Number\*:

Consultant First Name\*:

Purchase Order Number\*:

Vendor (Firm) Name (if different):

Month/Year Worked\*:

*\*Denotes required field*

Day #	Date Worked*	Day of Week*	Billable Hours*	Was Work Performed in the U.S.?*	Brief Description of Service(s) Provided
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
Totals:			-	hours	- days worked (based on 8 hours)

Manager Signature: \_\_\_\_\_

DTCC Manager Name (Printed)\*:

**Important Notes**

- 1) Please submit only ONE timesheet/invoice per month for each Consultant.
- 2) Invoices must be accompanied by timesheet AND DTCC Manager's signature or e-mail to [aphelpdesk@dtcc.com](mailto:aphelpdesk@dtcc.com)
- 3) This timesheet is not required if submitting time in HP PPM system.

All invoices AND this completed timesheet should be sent to Accounts Payable using one (only one) of the following options:

Via e-mail to: [aphelpdesk@dtcc.com](mailto:aphelpdesk@dtcc.com)

OR

Via post to: DTCC Accounts Payable  
55 Water Street: 3rd Fl  
New York, NY 10041



# Expense Reimbursement Request Form *(required for payment)*

Consultant Last Name\*:

SOW (TC) Number:

Consultant First Name\*:

Purchase Order Number\*:

Vendor (Firm) Name (if different):

Month/Year Worked\*:

*\*Denotes required field*

**Each receipt must be clearly labeled with corresponding letter listed in Column A**

Receipt Label	Expense Type*	Transaction Date*	Expense Amount*	Expense Currency*	Reason for Expense*
A					
B					
C					
D					
E					
F					
G					
H					
I					
J					
K					
L					
M					
N					
O					
P					
Q					
R					
S					
Total Reimbursement Requested:			-		

Manager Signature: \_\_\_\_\_

DTCC Manager Name (Printed)\*:

## Important Notes:

- 1) Please submit only ONE expense reimbursement request per month for each Consultant
- 2) Invoices must be accompanied by this sheet AND the authorized Manager's signature or reply via e-mail to [aphelpdesk@dtcc.com](mailto:aphelpdesk@dtcc.com)
- 3) Expenses will not be paid if they were not covered in the original contract or if they do not comply with DTCC's Travel Policy.
- 4) Expenses will not be considered for payment if not accompanied by this fully completed sheet
- 5) Receipts are required for all expenses above 25.00 USD (or foreign currency equivalent)
- 6) If multi-currency, please convert to agreed upon payment currency and include FX rate used, original transaction amount, and original currency in Reason field

All invoices AND this completed timesheet should be sent to Accounts Payable using one (only one) of the following options:

Via e-mail to:     [aphelpdesk@dtcc.com](mailto:aphelpdesk@dtcc.com)

OR

Via post to:     DTCC Accounts Payable  
55 Water Street: 3rd Fl

New York, NY 10041