Consultant Last Name*:   SOW (TC) Number*:   Purchase Order Number*:   Purchase Order Number*:   Purchase Order Number*:   Purchase Order Number*:     Purchase Order Number*:   Purchase Order Number*:     Purchase Order Number*:   Purchase Order Number*:   Purchase Order Number*:   Purchase Order Number*:   Purchase Order Number*:   P	ЭΤ	CC	Consulta	nt Timesheet S	ubmission Form	(required for payment)
Nonth   Year Worked	Consultant Last Name*:					SOW (TC) Number*:
Date   Day of   Week*   Day of   Billable   Performed in the U.S.?*   Brief Description of   Service(s) Provided	Consultant First Name*:					Purchase Order Number*:
Day #   Date   Worked   Day of   Billable   Hours   Was Work   Performed in the U.S.2	Vendor (	Firm) Name (if different):				
2       3         3       4         5       6         7       8         9       10         11       11         12       13         13       14         15       16         17       18         19       20         21       22	Day#		Day of Week*	Billable Hours*	Performed in	Brief Description of
3       4         4       5         6       7         8       9         10       11         12       13         13       14         15       16         17       18         19       20         21       22						
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10       11       12       13       14       15       16       17       18       19       20       21       22						
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Manager Signature:	
DTCC Manager Name (Printed)*:	

## Important Notes

1) Please submit only ONE timesheet/invoice per month for each Consultant.

**Totals:** 

- 2) Invoices must be accompanied by timesheet AND DTCC Manager's signature or e-mail to 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:

OR

<u>Via e-mail to:</u> aphelpdesk@dtcc.com

Via post to:

DTCC Accounts Payable 55 Water Street: 3rd Fl

days worked (based on 8 hours)

New York, NY 10041

Consultan	ıt Last Name*:				SOW (TC) Number:
onsultan	nt First Name*:				Purchase Order Number*:
endor (F	Firm) Name (if different):				Month/Year Worked*:  *Denotes required field
ach rec	eipt must be clearly lab	eled with corres	ponding lette	r listed in Colun	
Receipt Label	Expense Type*	Transaction Date*	Expense Amount*	Expense Currency*	Reason for Expense*
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## **Important Notes:**

DTCC

- 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
- 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

OR

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

DTCC Accounts Payable Via post to:

55 Water Street: 3rd Fl

New York, NY 10041