

Request for Payment to Individual Consultant/Non-ADB Staff

Instructions:
 1. Type or print your entries clearly. Failure to complete the form in all respect may result in delay of payment.
 2. Submit the completed form with supporting documents (i.e., airticket stubs, boarding passes, invoices and proof of exchange rate) to: Controller's Department, Asian Development Bank, P. O. Box 789, 0980 Manila, Philippines.

Log No. (For ADB use only)

| | | |
|---|---------------------------------|---------------------------|
| Name of Consultant | Consulting Firm (if applicable) | Contract No. |
| Consultant's/Consulting Firm's Complete Address | Telephone No. | Fax/E-mail Address |
| Project/TA Number and Name | Invoice No. (if applicable) | Invoice Date (DD/MM/YYYY) |

REMUNERATION/PER DIEM FOR SERVICES RENDERED (For each period below, indicate either your agreed remuneration or per diem)

| Period | | Remuneration Rate | | | | Per Diem Rate | | | Currency and Amount Claimed | (For ADB use only) | |
|---------------------------|----|---------------------|--------------------|----------|---------------|---------------|-------------|------------|-----------------------------|--------------------|--------------|
| From | To | No. of Days/ Months | Daily/Monthly Rate | Lump Sum | % of Lump Sum | City | No. of Days | Daily Rate | | Approved | Not Approved |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| Total Remuneration | | | | | | | | | | | |
| Total Per Diem | | | | | | | | | | | |

INTERNATIONAL AND DOMESTIC TRAVEL (Please do not claim for tickets paid by ADB)

| Route as in Contract | Route Taken (if different from route as in contract) | Amount Paid in Original Currency | Exchange Rate/US\$ | Amount Claimed | (For ADB use only) | |
|----------------------|--|----------------------------------|--------------------|----------------|--------------------|--------------|
| | | | | | Approved | Not Approved |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Notes:
 a. Please settle your previous travel advances, if any, to avoid delay in payment of this claim.
 b. All claims should be in accordance with the contract provisions.
 c. Remarks/"Other Expense Items" to be claimed:

| | | | |
|--|--|--|--|
| Total Airfare Claimed | | | |
| Add: Out-of-Pocket Expenses (as per contract) | | | |
| Others (as shown under "Notes c", left column) | | | |
| Deduct: Advances, if applicable | | | |
| Medical insurance, etc. (as computed by ADB) | | | |
| Total Amount Claimed | | | |

I certify that the information provided herein and the amount being claimed are correct.

This claim is last under the contract: Yes No

Signature of Consultant: _____ Date: _____

(Please use spaces below 2 for any comment relating to this certification.)

- 1. The services have been performed satisfactorily. Yes No
- 2. Out-of-pocket expenses/Others (note C) are endorsed Yes No
- 3. The work under the contract has been completed. Yes No

Name and Signature of Approving Authority: _____ Date: _____

CONSULTANT'S ACCOUNT INFORMATION

Please complete the following information, if not earlier provided to ADB:

| | |
|--|-------------------|
| Beneficiary Bank Name | |
| Complete Bank Address | |
| Account Name | Account No. |
| Currency of Account (e.g., US\$, UK Pound, etc.) | |
| SWIFT/BIC Code | Routing/Sort Code |

| | |
|--|-------------------|
| Correspondent Bank Name, if applicable | |
| Complete Bank Address | |
| Beneficiary Bank's Account with Correspondent Bank, if any | |
| Currency of Account (e.g., US\$, UK Pound, etc.) | |
| SWIFT/BIC Code | Routing/Sort Code |

Signature of Consultant: _____

Date: _____

FOR USE BY THE HIRING DEPARTMENT/OFFICE

(Please use this portion for any comments/explanatory notes. Use a separate sheet if space is not enough.)

Signature of Approving Authority: _____

Date: _____

Prepared by: _____

Checked by: _____

Approved by: _____