

REQUEST FOR CONSULTANT SERVICES

Name of Unit requesting consultant services: _____

Name of individual requesting consultant services: _____

Phone Number: _____ Fax Number: _____

Purpose of Consultant's visit: _____

Specifically, what will be done and how? (Attach an additional sheet if necessary)

Name of Suggested Consultant: _____ *(Please attach the consultant's resume.)*

Address: _____

E-mail Address: _____ Phone Number: _____ Fax Number: _____

Title: _____ Company/Organization: _____

Date(s) of Consultant's Visit: _____ Rate of pay for Consultant: _____

Fee _____	Source of Payment: (Enter dollar amount)
Per Diem _____	
Travel _____	Title III: _____
Other _____	
TOTAL _____	University: _____

If the consultant is an employee of Alabama A&M University, the Program/Project Coordinator must answer the following:

- Will consultation be across department lines? Yes No
- Will the work to be performed by the consultant be in addition to the regular work load? Yes No
- Will the consultant involve a separate or remote operation of the work performed by the consultant in addition to his/her regular work load? Yes No

If the consultant is not an employee, please explain why an outside person was chosen.

Consultant Services Approval

_____	_____	_____	_____
<i>Faculty/Staff Requesting Services</i>	<i>Date</i>	<i>Provost and V.P. for Academic Affairs</i>	<i>Date</i>
_____	_____	_____	_____
<i>Signature of Supervisor or Dean/Chair</i>	<i>Date</i>	<i>President</i>	<i>Date</i>
_____	_____	_____	_____
<i>Title III Director</i>	<i>Date</i>	<i>President</i>	<i>Date</i>

Title III Action

Services Awarded Date: _____

Services Denied Reason for denial: _____