

**DOCUMENTATION OF CONSULTANT SERVICES**

NAME OF CONSULTANT: \_\_\_\_\_

TITLE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

STATEMENT OF SERVICES:

Daily Rate: \_\_\_\_\_ Estimated No. of Days: \_\_\_\_\_

Please attach a curriculum vitae for the consultant.

Note that the terms of some grants and contracts require sponsor approval of consultants and/or limit allowable rate of pay. For further clarification contact the Office of Sponsored Programs at 353-4365.

\_\_\_\_\_  
Sponsoring Agency

\_\_\_\_\_  
Award No.

\_\_\_\_\_  
B.U. Source No.

As Principal Investigator of the above referenced award, I certify that:

1. the above services will be needed and that need cannot be met by direct salaries provided under the grant/contract;
2. a selection process has been employed in order to secure the most qualified individual available; and that
3. the fee is appropriate considering the qualifications of the consultant, his/her normal charges, and the nature of the services provided.

\_\_\_\_\_  
Signature of Principal Investigator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Approval of Office of Sponsored Programs

\_\_\_\_\_  
Date

Instructions:

1. Prior to employing a consultant, the Documentation of Consultant Services form must be completed by the Principal Investigator.
2. The signed form and a vitae should then be returned to the Office of Sponsored Programs for approval.
3. One copy will be returned to the Principal Investigator and one copy will be forwarded to Research Accounting.
4. The Principal Investigator may now engage the consultant.