

CONSULTANT SERVICES REQUEST FORM

Activity Name: _____

Grant Year: _____ Activity Number: _____ Date: _____

Consultant's Name: _____

Company Name: _____

Consultant's Address: _____

Purpose/Need for Consultation: _____

What objective(s) will this consultant support? _____

How will this consultant support your stated objective(s)? _____

Consultant's Qualifications: *(Please attach a copy of the individual's detailed resume and/or curriculum vitae and a list of three professional and/or business references.)*

	NAME	ADDRESS	CONTACT NO.
1.			
2.			
3.			

Clark Atlanta University Title III Program
CONSULTANT SERVICES REQUEST FORM

Estimated Cost of Consultation:

	SERVICE	ESTIMATED COST
1.	Professional Fee	
2.	Travel	
3.	Lodging	
4.	Transportation	
5.	Per Diem	
6.	Miscellaneous / Other <i>(indicate on line below)</i> _____	
TOTAL		

Requested by: _____ (Activity Director) _____ (Date)

Received by: _____ (Program Specialist) _____ (Date)

Approved by: _____ (Title III Executive Director) _____ (Date)