

**UNIVERSITY OF SOUTH ALABAMA
REQUEST FOR APPROVAL TO ENGAGE CONSULTANT**

The Department/Division hereby requests approval to engage the following individual as a consultant under account number _____ - _____. An *Authorization to Provide Services* form should also be attached.

NAME: _____

SOCIAL SECURITY NO.: _____ OR EMPLOYER IDENTIFICATION NO.: _____

BUSINESS ADDRESS: _____

HOME ADDRESS: _____

PROFESSIONAL AFFILIATION (current employment): _____

PLACE OF PROPOSED SERVICE: _____

DATE(S) OF PROPOSED SERVICE: _____

HOURLY OR DAILY RATE: \$ _____ TOTAL PAYMENT: \$ _____
(Fee only: There may be additional reimbursement for expenses such as hotel, travel, etc.)

Estimated travel cost \$ _____ Estimated other expenses \$ _____
(See *USA Travel and Entertainment Regulations* for specific limitations of travel expense reimbursement.)

Has Consultant performed similar service for the University during the last 12 months?
Yes _____ No _____ If yes, in the amount of \$ _____

SPECIFIC SERVICE TO BE PERFORMED: (Attach additional pages as needed. Fee-for-Service payments or expense reimbursement will not be granted for tasks not clearly identified under the approved Scope of Work statement.)

I hereby certify that:

- i) These services are essential and cannot be provided by persons receiving salary or otherwise compensated for their services by the University of South Alabama.
- ii) A selection process has been employed to secure the most qualified person available. (Attach documentation.)
- iii) The charge is appropriate considering the qualifications of the Consultant, Consultant's normal charges, and the nature of the services rendered.
- iv) If the Consultant is a USA employee, consultation is across departmental lines and is in addition to regular duties and/or it involves a separate or remote operation and is in addition to the employee's regular department workload.

APPROVALS:

- 1. _____
Department Chairperson (date)
- 2. _____
Dean of College of the Service Provider (date)
- 3. _____
Dean of College of the Service Recipient (date)
- 4. _____
Vice President for Academic Affairs (or) (date)
Vice President of _____

- Restricted Fund Accounts only:** Funds are currently budgeted for this expense during the proper time period, and the rate of compensation appears reasonable under the applicable grant/contract guidelines.
- 5. _____
Signature of Principal Investigator (date)
 - 6. _____
Office of Grants and Contracts (date)

Distribution of copies: Department
Vice President for Academic Affairs (or)
Vice President of Division
Grants and Contracts (if applicable)