

The University of Southern Mississippi
Sponsored Programs Administration
REQUEST FOR SERVICES OF AN INTERNAL CONSULTANT

1. Project Name: GM Number:
2. Project Director: Sponsor:
3. Department: GR Number:
4. Name of Consultant Requested:
5. Department:
6. Work to be performed and specific objectives to be accomplished:
7. Explain why this work cannot be performed by project staff:
8. Explain why this work cannot be performed within the normal, routine and/or required duties of the consultant:
9. Performance Period: from _____ 20__ to _____ 20__.
10. Where is work to be performed?
11. What facilities, equipment and/or space is to be furnished by the project?
12. Compensation for this work is to be paid at the rate of \$_____ per day/ \$_____ per hour. Maximum number of days/hours _____.
13. Will travel expenses for the consultant be paid by the project? Yes _____ No _____

Signature of Project Director Date

FOR DEPARTMENT USE:

1. The proposed work cannot be performed on a release time basis.
2. The task cannot be performed within the normal, routine and/or required duties of the consultant.
3. The consultant is qualified for the task.
4. The compensation is appropriate and commensurate with the task to be performed and the qualifications of the consultant.
5. The compensation meets USM guidelines.

Request Approved: _____
Department Chair/Dean*

Date

*When the consultant requested is the Chair or when the request is made by the Chair as Project Director, the signature of the Dean is required.

FOR SPA OFFICE USE:

Sponsoring Agency Approval Required? Yes ____ No ____

Sponsoring Agency Approval Granted: _____
Date

Request Approved: _____
Director, Sponsored Programs Administration

Date

Copies to: Human Resources
Project Director
Chair
Dean (when applicable)