
INTERNAL CONSULTANT FORM

By signing below, all parties certify and attest that the scope of work to be completed as outlined below is over and above, and does not conflict with, the normal work duties as assigned by the faculty/staff's department and college.

Scope of work to be completed:

Explain how this work is over and above your normal work duties:

Payment terms:

*Period of performance: from ____ to ____

Certified and Attested:

Typed name of faculty or staff member

Faculty/Staff Signature Date

Departmental Chair Signature Date

College Dean Signature Date

Acknowledged:

Office of Research Administration Date

*If the agreement under which these services are being provided terminates, the consultant's services will no longer be required or paid for.

ATTACH COMPLETED COPY TO EACH INVOICE.