

CAMPUS CONSULTANT SERVICES

DOC ID#



FORM

The Research Foundation of SUNY

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To be completed by contractor			
Full Name		Street	
City		State and Zip Code	
Home Phone:	Campus Phone:	RF Employee? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Check if: <input type="checkbox"/> Sole proprietor/Individual		TIN/SSN	
<input type="checkbox"/> Corporation		Citizenship Status <input type="checkbox"/> US Citizen <input type="checkbox"/> Resident Alien	
<input type="checkbox"/> Other form of business (specify)		<input type="checkbox"/> Non Resident Alien (Visa/NAFTA status/Country)	
I certify that the information above is correct _____			
<i>Signature of contractor</i>			<i>Date</i>

To be completed by PI				
Project #	Task #	Award #	Expenditure Type	Organization
Estimated Reimbursement				
Fee \$	Expenses \$		Total \$	
Scheduled Dates of Performance			Country where services are performed	
Describe service to be performed, the selection criteria used, and an explanation as to why these services cannot be performed by an individual already on the project staff.				

CERTIFICATION OF THE PROJECT DIRECTOR		
<i>I certify that the work to be performed is essential to the project, that the services cannot be provided by any other person receiving salary support under the grant, and that the rate is appropriate based on the qualification of the selectee and the nature of the work to be done.</i>		
Name of Project Director (print)	Signature of Project Director	Date

Consultant's Department Chairman	Date
Consultant's Faculty Dean	Date
Vice President for Academic Affairs	
Fiscal Designee Approval	Date

After the consultant has performed the services, please provide the Research Foundation with an invoice so the consultant can be paid.