

CONSULTING SERVICES COVER SHEET

Department:	<input type="text"/>	College/Unit:	<input type="text"/>
MSU Investigator:	<input type="text"/>	Phone Number:	<input type="text"/>
MSU Fund/Account Number (s):	<input type="text"/>	Grant/Contract # (if applicable):	<input type="text"/>
Consultants Name:	<input type="text"/>	Consultants SSN/EIN:	<input type="text"/>
Consultants Address:	<input type="text"/>	Consultants Employer:	<input type="text"/>

Description of Consulting Services:

Performance Period: Start: End:

Cost of Consulting:

(a) Fee/Hour:	<input type="text"/>	(b) Number of Hours:	<input type="text"/>
(c) Total Fee: (a) * (b)	<input type="text"/>		
(d) Travel Costs:	<input type="text"/>	(e) Other Costs:	<input type="text"/>
Total Consulting Costs: (c) + (d) + (e)	<input type="text"/>		

For Federally Sponsored Funding, Prior Approval Obtained? Yes No
Not Required

Certifications:

For non-MSU employees engaged to provide consulting or independent contractor services, the MSU Investigator certifies that no MSU faculty or staff can perform the work:

Justification:

For Mississippi State University:

Endorsements:

MSU Investigator	<input type="text"/>	Date:	<input type="text"/>
Department Head	<input type="text"/>	Date:	<input type="text"/>
Dean/Director	<input type="text"/>	Date:	<input type="text"/>
Sponsored Programs if from Restricted Funds	<input type="text"/>	Date:	<input type="text"/>

Approval:

VP or Designee	<input type="text"/>	Date:	<input type="text"/>
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For Consultant

Approval and Acceptance of Agreement:

Consultant	<input type="text"/>	Date:	<input type="text"/>
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(In signing this document you acknowledge and agree to the attached terms and conditions)