

CONSULTANT PERMISSION FORM

NOTE: THIS FORM MUST BE APPROVED IN ADVANCE OF SERVICES

Consultant's Name _____ Phone _____

Consultant's Affiliation _____

Address _____

Social Security Number _____ (Required by IRS)

Date of Service _____ Location of Service _____

Purpose of Consultant(s) _____

What need will be addressed? _____

What benefit will be derived from the services of the Consultant? _____

How many people will be the direct beneficiaries of these services? _____

Service Requested By: _____ Date _____

Name _____ Title _____

Qualifications/Guidelines: See reverse side of form.

Is this activity specifically funded, in whole or part, from a source other than local general budget funds? YES _____ NO _____

If "YES", indicate the part of the total cost coming from:
 Local \$ _____ State \$ _____ Federal \$ _____

Budget Account Code:

FINANCIAL CODE								ACCOUNT	
FND	CLA	CAT	PRG	SERV AREA	ACT	PROJ	CC	OBJ	SUB OBJ

Approval Box:

Signed: Cost Center Administrator and/or Director _____ Signed: Assistant Superintendent _____	_____ Date _____ Date
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Qualifications: Attach to this form biographical and other information which indicates the qualifications of the consultant to perform the services requested.

Guidelines: All consultant services of \$400/day or less will go through the approval process as they do now. Any consultant service in excess of \$400/day will instead involve a special approval process involving the appropriate Director and Assistant Superintendent to review the need.