

**UNIVERSITY OF SOUTH ALABAMA  
REQUEST FOR APPROVAL TO ENGAGE CONSULTANT**

The Department/Division hereby requests approval to engage the following individual as a consultant under FOAPAL \_\_\_\_\_ . An *Authorization to Provide Services* form should also be attached.

NAME: \_\_\_\_\_

J#, if available: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

PROFESSIONAL AFFILIATION (current employment): \_\_\_\_\_

PLACE OF PROPOSED SERVICE: \_\_\_\_\_

DATE(S) OF PROPOSED SERVICE: \_\_\_\_\_

HOURLY OR DAILY RATE: \$ \_\_\_\_\_ TOTAL PAYMENT: \$ \_\_\_\_\_  
(Fee only: There may be additional reimbursement for expenses such as hotel, travel, etc.)

Estimated travel cost \$ \_\_\_\_\_ Estimated other expenses \$ \_\_\_\_\_  
(See *USA Travel and Entertainment Regulations* for specific limitations of travel expense reimbursement.)

Has Consultant performed similar service for the University during the last 12 months?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, in the amount of \$ \_\_\_\_\_

SPECIFIC SERVICE TO BE PERFORMED: (Attach additional pages as needed. Fee-for-Service payments or expense reimbursement will not be granted for tasks not clearly identified under the approved Scope of Work statement.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby certify that:

- i) These services are essential and cannot be provided by persons receiving salary or otherwise compensated for their services by the University of South Alabama.
- ii) A selection process has been employed to secure the most qualified person available. (Attach documentation.)
- iii) The charge is appropriate considering the qualifications of the Consultant, Consultant's normal charges, and the nature of the services rendered.
- iv) If the Consultant is a USA employee, consultation is across departmental lines and is in addition to regular duties and/or it involves a separate or remote operation and is in addition to the employee's regular department workload.

APPROVALS:

1. \_\_\_\_\_  
Department Chairperson (date)

2. \_\_\_\_\_  
Dean of College of the Service Provider (date)

3. \_\_\_\_\_  
Dean of College of the Service Recipient (date)

4. \_\_\_\_\_  
Vice President for Academic Affairs (or) (date)  
Vice President of \_\_\_\_\_

**Restricted Fund Accounts only:** Funds are currently budgeted for this expense during the proper time period, and the rate of compensation appears reasonable under the applicable grant/contract guidelines.

4. \_\_\_\_\_  
Signature of Principal Investigator (date)

5. \_\_\_\_\_  
Office of Grants and Contracts (date)

Distribution of copies: Department  
Vice President for Academic Affairs (or)  
Vice President of Division  
Grants and Contracts (if applicable)