Consultant Request

Leidos Biomedical Research, Inc.

Please type or print information clearly

Proposed Consultant Information

1. First Name	2. Last Name	3. Title	4. Telephone Number

5. Business Affiliation

6. Business Street Address	7. Business City	8. Business State	9. Business Zip Code

10. Is the Proposed Consultant a U.S. Citizen? ☐ Yes ☐ No	11. If service will be performed onsite, will consultant have access to controlled technology, data, hardware, or biological or chemical agents (ITAR, EAR)? ☐ Yes ☐ No

12. Statement of the services the proposed consultant will provide and work product to be provided: **Please attach Statement of Work using Research Contracts Template and include Consultant Resume or Curriculum Vitae.**

13. Number of working days services are required	14. Rate per day for consulting services: $ /day. (If rate exceeds $200 per day, attach justification)

15. Consultant Agreement Dates Start: Expires:	16. Person consultant will report to	17. Building Number	18. Room Number	19. Telephone Number

20. Will consultant work in a laboratory area ☐ Yes ☐ No	21. To be charged against: Project: Project Number:

22. Additional Comments

For Purchasing Use Only

23. File Number	24. Task Order Number	25. COA Number

Submitting Official Information

26. First Name	27. Last Name

28. Signature	29. Date

Approval Official Information

30. First Name	31. Last Name	32. Telephone	33. E-mail Address

34. Signature	35. Date

Clear Form | Print Form Only | Print Form and Instructions

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NOTE: The following documentation must be submitted with this request:

A. Purchase Request: Purchase Request Template Form

B. Statement of Work

C. Independent Contractor vs. Employee Questionnaire: Independent Contractor vs. Employee Questionnaire

D. GC489 Employment Questionnaire and Certification: GC489 - Employment Questionnaire and Certification

E. If applicable, Justification for Single or Sole Source Vendor Recommendation: Justification for Single or Sole Source Vendor Recommendation

F. If applicable, copy of Foreign National Tax Information: Foreign National Tax Information: Foreign National Tax Information

G. If Foreign National, Form W8-BEN: W-8BEN Certificate of Foreign Status for United States Tax Withholding

Consultant Request – Instructions

Leidos Biomedical Research, Inc.

1. Enter first name of consultant
2. Enter last name of consultant
3. Enter title of consultant
4. Enter telephone number of consultant
5. Enter business affiliation of consultant
6. Enter business street address of consultant
7. Enter business city of consultant
8. Enter business state of consultant
9. Enter business zip code of consultant
10. Is the Consultant a U. S. Citizen – Check the appropriate Yes or No box
11. For onsite service, will consultant have access to controlled technology, data, hardware or biological or chemical agents (ITAR, EAR) – Check the appropriate Yes or No box
12. Attach Statement of Work using Research Contracts template and include Consultant Resume or Curriculum Vitae of consultant
13. Enter the number of working days services is required
14. Enter the daily rate charged for consulting services. (If rate exceeds $200 per day, attach justification)
15. Enter start and expiration date for consultant agreement
16. Enter name of supervisor of consultant
17. Enter building number where consultant will be located
18. Enter room number where consultant will be located
19. Enter phone number where consultant will be located
20. Will consultant work in a laboratory area – Check the appropriate Yes or No box
21. Enter center number and project number consultant services are to be charged against
22. Enter any additional comments
23. Enter file number
24. Enter task order number
25. Enter COA number
26. Enter submitting official's first name
27. Enter submitting official's last name
28. Enter submitting official's signature
29. Date Submitting official signed form
30. Enter approving official's first name
31. Enter approving official's last name
32. Enter approving official's telephone number
33. Enter approving official's e-mail address
34. Enter approving official's signature
35. Enter date approving official signed form