

CONSULTANT REQUEST FORM			
Date:		Purchase Request Number:	
Name of Proposed Consultant:			
Title of Proposed Consultant:			
Business Address:			
Telephone Number:			
<i>Description of Services to be Provided and List of Reports to be Submitted</i>			
Number of days services are required: working days or ... calendar days			
Rate Charged for services: \$ per hour or ... \$ per day <i>(Attach justification for the consultant rate)</i>			
Period of Performance – From Date:		To Date:	
Will Consultant work in laboratory area on site?	ف Yes	ف No	
If services will be performed onsite, will consultant have access to controlled technology, data, hardware or biological or chemical agents (ITAR,EAR)? ف Yes ف No			
Person consultant will report to:		Telephone Ext.:	
Building Number/Room Number:			
TYPES OF REIMBURSEMENT EXPENSES ANTICIPATED			
Per Diem	ف Yes	ف No	Transportation to and from FNLCR ف Yes ف No
Airfare	ف Yes	ف No	Ground transportation from home to airport ف Yes ف No
Tolls	ف Yes	ف No	Mileage Expense (Number of Miles) ف Yes ف No
Hotel	ف Yes	ف No	Auto rental while at FNLCR ف Yes ف No
Apartment plus expenses:	ف Yes	ف No	Other: ف Yes ف No
Payment Arrangement:			
Remarks:			