

AUTHORIZATION FOR CONSULTANT SERVICES

The following criteria have been considered and complied with prior to submitting this request:

- a. The consultant qualifies as a contractor in accordance with the criteria set forth in Yeshiva University Policy No. 4.5
- b. Services to be provided are essential and cannot be provided by employees of Yeshiva University.
- c. A selection process has been employed to secure the most qualified consultants available, considering the nature and extent of services to be required. Evidence of professional competence, vita, etc. is available in department/investigator's files.
- d. The charge is appropriate considering the qualifications of the consultant, the consultants normal charges, and the nature of the services to be provided.
- e. Consultant fees from federal funds may not be paid to a full-time employee of the Federal Government.
- f. If grant or contract related, conditions of the specific award involved have been complied with.
- g. Approval will be withheld unless the **confidential disclosure form** has been signed and the conflict of interest questionnaire has been completed.

IN WITNESS WHEREOF, the parties have executed this agreement as of the date first above written.

CONTRACT

YESHIVA UNIVERSITY

BY: _____

TITLE: _____

Director of Finance
or Deputy Controller

TITLE: _____

DATE: _____

DATE: _____

TITLE: _____

Principal Investigator
Department Head,
Chairman

ACCOUNT TO BE CHARGED: _____

DATE: _____

:afcs

AUTHORIZATION FOR CONSULTANT SERVICES

Authorization -is requested for the -procurement of -consultant services of:

1. Name: _____ Social Security No. _____
(Individual Consultant)
Address: _____ Federal I.D. NO. _____
(Firm or organization)

2. Purpose (State nature of services to be rendered. If it is for a grant or contract state the funding agency and grant number, and relevance of the service thereto, if not apparent from the nature of the service.)-

3. Service will be performed between _____ and _____
date date

(if for a grant or contract the completion date shown shall be no later than the date of expiration of the grant, contract, or budget.)

4. Daily fees to be paid \$ _____ Other basis (explain): _____

5. Estimated cost of services: _____ Per them \$ _____

Travel & Subs. \$ _____ other \$ _____ Total \$ _____

6. The criteria stated on the back of this request have been considered and complied with prior to submission.

signatures indicate request and/or approval except as noted under "Remarks" below.

Requested by _____ Dept. # _____ Ext. _____

Investigator or Department Head _____

Deputy Controller or Director Finance _____

Accounting Office _____ Date _____

Account to be charged _____

Termination Date of Grant _____
(Current Year)

REMARKS: