



Authorization for Use of Independent Contractor/Consultant

Date of Request: _____

Requestor: _____ Department/Division: _____

Description of effort/tasks (or attach Statement of Work): _____

Estimated cost: _____ Number of hours estimated for effort: _____

Projected Period of Performance: _____

Location of Effort: _____

Position Funding Source(s):

Project #: _____ %: _____ Project #: _____ %: _____

Project #: _____ %: _____ Project #: _____ %: _____

Proposed Consultant Name: _____

Justification for Use of Independent Contractor/Consultant: _____

Department Head/Assistant Director: _____

Budget Approval: _____ HR Approval: _____