

Documentation and Prior Approval(s) Required to Pay Long-Term Consultants  
Must be accompanied by a Business Services Form PC with only Section A completed

**A. Payee Information (Required)**

**Name:** \_\_\_\_\_  
(Please enter name as shown on Form PC)

**B. Documentation Required for Long Term Consulting Arrangement**

Complete this section if consulting meets criteria for long-term consulting. Call the Tax Department for more information. Provide enough information to clearly define the work and terms of the agreement. Documentation may be attached to this form in place of filling in the form itself.

Statement of Work: \_\_\_\_\_  
\_\_\_\_\_

Describe Consultant's Credentials, including why he/she meets project needs: \_\_\_\_\_  
\_\_\_\_\_

Describe required deliverables, if any: \_\_\_\_\_  
\_\_\_\_\_

Identify Any Special Conditions Related to the Consulting Arrangement: \_\_\_\_\_  
\_\_\_\_\_

Term of Agreement : \_\_\_\_\_ Expected Project Completion Date: \_\_\_\_\_

If project will be done in segments, please describe detailed schedule for each segment, including dates and deliverables:  
\_\_\_\_\_  
\_\_\_\_\_

Total Estimated Costs for Project		Fee/Rate	Quantity	Total
Honorarium/Fees for Service:		\$ _____	X _____ =	\$ _____ -
Expenses: Airfare			=	\$ _____
Ground Transportation		\$ _____	X _____ =	\$ _____ -
Subsistence: Food		\$ _____	X _____ =	\$ _____ -
Lodging		\$ _____	X _____ =	\$ _____ -
Other: _____		\$ _____	X _____ =	\$ _____ -
Total Estimated Cost:				\$ _____ -

Account Number	G/L Account	Cost Center	Order	WBS Element	Fund	Earmarked Funds

If progress payments will be made, please describe detailed payment schedule: \_\_\_\_\_  
\_\_\_\_\_

**C. Request and Approval Signatures**

**Requested by:**  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Printed Name/Title/Position: \_\_\_\_\_

**Approved by:** \_\_\_\_\_ Date: \_\_\_\_\_  
Head of Department/College (Required)

**Approved by:** \_\_\_\_\_ Date: \_\_\_\_\_  
Dean/Director (Follow guidelines for individual College/Area)

**Business Office Approval**  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Title/Position: \_\_\_\_\_