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**Request for Consultant Services**

**Office of Title III Programs**

Vail Hall, First Floor

Phone: 484-365-7293

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| --- | --- | --- |
| Activity Name:       | Account Code:       | Date:       |
| Consultant’s Name:        |  |
| Consultant’s Address:       |
| Purpose for Consultation/Need for Consultation:       |
| Consultant’s Qualifications (Please attach a copy of the individual’s detailed resume and/or curriculum vitae and a list of three professional and/or business references.)  |
| Estimated Cost of Consultation:  |
| Professional Fee |       |
| Travel |       |
| Per Diem |       |
| Miscellaneous |       |
| Total |  |
|  |
|      Initiating Individual (Type Name) | **Initiating Individual (Signature)** | **Date** |
|      Dept. Head/Activity Director (Type Name) | **Dept. Head/Activity Director (Signature)** | **Date** |
|      Title III Director (Type Name) | **Title III Director (Signature)** | **Date** |