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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** |