

CONSULTANT REQUEST FORM

Date: _____

Consultant: _____

Title/Affiliation: _____

Address: _____

Telephone #: _____

Target Audience: _____ **# of Participants:** _____

Description of planned activities involving consultant(s):

Description of specific services to be provided by consultant which cannot be provided internally:

Day(s)/Date(s): _____ **# of Days:** _____ **Daily Rate \$** _____

Miscellaneous expenses \$ _____ **Total Cost \$** _____

Fund Account #: _____

Requested by: _____ **Date:** _____

Recommended Approval: _____ **Date:** _____

Recommended by: _____ **Date:** _____
Superintendent

Approved by the Board: _____ **Date:** _____
Superintendent