

**BROOKHAVEN NATIONAL LABORATORY
CONSULTANT REQUEST FORM**

New Contract Extension of Contract Fee Modification Modification of Present Contract (excluding fee)

I. DEPARTMENT INFORMATION

Sponsor's Name: _____ Dept: _____
Bldg. #: _____ Tel. Ext: _____ Email: _____ Project / Activity #: _____
Project Title: _____

II. CONTRACT DATA

Name of Consultant: _____ Guest #: _____
Affiliation and Mailing Address: _____

Fee: \$ _____ How based?: On salary _____ On other fees _____
(per day / per hour)

Expenses: per diem: Yes No travel: Yes No lodging: Yes No

Additional Expenses (describe): _____

of Days: _____ If a modification of Present Contract, indicate # of additional days required:

If an Extension of Contract, indicate # of days **used** during last contract period:

Effective Dates: _____ or _____
New Contract or Extension Modification of Contract

III. JUSTIFICATION FOR CONTRACT

a) Description of tasks to be performed: _____

b) Justification for consultant chosen, including special or unique qualifications, and any pertinent additional information:

Approvals: _____
Department Chair Date

Human Resources & Occupational Medicine Division Representative Date

Laboratory Director Date