

**Hampton University**  
**Consultant Services Approval Form HU Account Code: 7001**

**PART I**

Date:

Name of  
Consultant

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**PART II**

**Professional Information**

1. Have you ever been employed by Hampton University?

☐ Yes

☐ No

If yes, in what capacity and during what time frame?

2. Have you ever been accused of professional misconduct?

☐ Yes

☐ No

If yes, describe and provide dates?

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**PART III**

**Documentation**

1. Statement of work

a. Task description:

b. Specific Duties:

c. Reporting requirements/deliverable's:

d. Dates of required services:

e. Any additional requirements:

2. Explain why services of the consultant are essential:

3. Describe the process used to secure a highly qualified person/firm:

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## **PART IV**

### **Budgetary Data**

Number of days:

Hours/day:

Hourly Fee:

Flat Fee Rate:

Include the approved Budget Justification submitted to and approved by the funding agency/foundation.

If necessary, explain the above breakdown.

1. What is the customary fee for services of this nature (if substantially different from fee to be paid, explain):

2. Are travel costs included in fee?

☐ Yes

☐ No

3. Describe the proposed consultant's credentials in requested area (include current resume or C.V):

4. Outline the proposed consultant's track record in securing grant funding to include the name, title, agency, foundation and amount of external funding received. If applicable.

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## **PART V**

### **Source of Funds**

1. Account information      Index:       Fund:       Org:       Prog:

2. Is agency approval required?   Y ☐   N ☐

3. If yes, has it been obtained?   Y ☐   N ☐

If yes to both questions, please provide evidence.   ☐

Requestor: \_\_\_\_\_

Date:

Reviewer: \_\_\_\_\_

Dr. Neelam Azad, Vice President for Research

Date:

Approved by: \_\_\_\_\_

Dr. Betty Stewart, Executive Vice President and Provost

Date:

Approved by: \_\_\_\_\_

Mr. Robert Pompey, Senior Vice President for Business Operations and Finance

Date: