

CONSULTING/CONTRACT SERVICES COVER SHEET

| | | | |
|-------------------------------------|--------------------------------|--|--------------------|
| Department: | Social Science Research Center | College/Unit: | Office Of Research |
| MSU Investigator: | | Phone Number: | 325-3027 |
| MSU Fund/Account Number (s): | | Grant/Contract # (if Applicable): | |
| Consultant/Contract Name: | | Consultant/Contract SSN/EIN: | |
| Consultant/Contract Address: | | Consultant/Contract Employer: | |
| | | | |
| | | | |

Description of Consulting/Contract Services:

| | | | |
|--|--------------------------|--|-------|
| Performance Period: | <i>Start Date:</i> _____ | <i>End Date:</i> _____ | |
| Cost of Consulting/Contract: | | | |
| <i>(a) Fee/Hour:</i> | _____ | <i>(b) Number of Hours:</i> | _____ |
| <i>(c) Total Fee: (a) x (b)</i> | _____ | <i>(d) Travel Costs:</i> | _____ |
| | | <i>Total Consulting/Contract Costs:</i> | _____ |
| <i>(e) Other Costs:</i> | _____ | <i>(c)+(d)+(e)</i> | _____ |
| For Federally Sponsored Funding, Prior Approval Obtained? | | Yes _____ No <input checked="" type="checkbox"/> _____ | |
| | | Not Required _____ | |

Certifications:

For non-MSU employees engaged to provide consulting or independent contractor services, the MSU Investigator certifies that no MSU faculty or staff can perform the work:

| | | |
|---------------------------|------------------------|-------------------|
| Printed Name _____ | Signature _____ | Date _____ |
|---------------------------|------------------------|-------------------|

Justification:

Mississippi State University:

Approval:

| | | | |
|-------------------------|---------------------|------------------|-------------|
| <i>MSU Investigator</i> | | | |
| | <i>Printed Name</i> | <i>Signature</i> | <i>Date</i> |
| <i>Department Head</i> | | | |
| | <i>Printed Name</i> | <i>Signature</i> | <i>Date</i> |
| <i>Dean/Director</i> | | | |
| | <i>Printed Name</i> | <i>Signature</i> | <i>Date</i> |
| <i>Provost/VP</i> | | | |
| | <i>Printed Name</i> | <i>Signature</i> | <i>Date</i> |

**PROPOSED CONTRACT SHOULD BE ATTACHED*
**APPLICABLE HRM FORM SHOULD BE APPROVED AND ATTACHED*