BROOKHAVEN NATIONAL LABORATORY
Office of Scientific Personnel
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. Extension: _____ BNL Account #: _____

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 : _____

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_____

Approvals: _____
Department Chair (date)

_____
Personnel Manager (date)

_____
Laboratory Director (date)