

Request for Services of an Independent Consultant

Please complete the following items as they apply and forward the information to GLAVREF.

Name of Consultant:			
Address:			
Describe the work to be performed and the expected results:			
Provide supporting evidence to demonstrate the essential nature of the services to be provided, and offer an explanation as to why the work cannot be carried out by an existing employee:			
Please provide a description Additionally, please attach	on of the qualifications that the cor their current CV or resume to furt	nsultant possesses in order to effect her support their qualifications:	ively perform the required services.
Dates of Service:	From:	То:	
Proposed compensation:	Fee:	For: Total 0	Cost:
Please provide detailed de	escription of services and payment	terms for those services:	
Provide a completed W9, campus, WOC is required.		Number and Certification. If service	es are to be performed on VAGLAHS
Payment will be made up approved and executed.	on receipt of invoice detailing the s	services performed. No work can be	egin until this agreement is fully
Signature/Approval			
Consultant	Date	GLAVREF Project #	VA Project #
Social Security #		Principal Investigator	Date
If non-US citizen, please p	rovide Visa	Service Chief (for VA Employees Only)	Date
		GLAVREF Executive Director	Date

Note: If you are requesting consulting services currently performed by a VA employee, the signature of the Service Chief is required as documentation that all work will be performed outside their tour of duty.