

The University of Southern Mississippi  
Sponsored Programs Administration  
REQUEST FOR SERVICES OF AN INTERNAL CONSULTANT

1. Project Name: GM Number:
2. Project Director: Sponsor:
3. Department: GR Number:
4. Name of Consultant Requested:
5. Department:
6. Work to be performed and specific objectives to be accomplished:
7. Explain why this work cannot be performed by project staff:
8. Explain why this work cannot be performed within the normal, routine and/or required duties of the consultant:
9. Performance Period: from \_\_\_\_\_20\_\_ to \_\_\_\_\_20\_\_.
10. Where is work to be performed?
- 11.
- 10.

