

Consultant InvoiceOffice of Sponsored Programs
1960 Kenny Road, Columbus, OH 43210-1016**Invoice Information**

Invoice Date	Invoice Number
Sponsored Programs Project Number	Sponsored Programs Purchase Order Number

Consultant Information

Name	Phone	Email
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Home Address

Federal Tax Classification:

 U.S. Citizen Resident Alien/Permanent Resident Non-Resident Alien *If Non-Resident Alien and services performed in the U.S., attach a copy of consultant's visa.*

Location of Services:

 Outside the U.S. Inside the U.S.**Consulting Services**

Billed To: The Ohio State University Office of Sponsored Programs, Accounts Payable

Brief Description of Consulting Services Performed and/or Deliverables Completed During Period Specified Below:

Date(s) of Services Rendered: From: _____ To: _____

Fee Schedule: *Select one (1) of the following fee schedules which must agree with the Consultant Agreement* Daily Rate: \$ _____ X No. of Estimated Days: _____ = Total Estimated Cost Not to Exceed: \$ _____ Hourly Rate: \$ _____ X No. of Estimated Hours: _____ = Total Estimated Cost Not to Exceed: \$ _____ Other: *If Other, PI must include separate documentation identifying the unit of measure and explaining how the rate was determined.*

Fixed Rate: \$ _____ X No. of Estimated Units: _____ = Total Estimated Cost Not to Exceed: \$ _____

Signatures*I certify that I have performed the services described above.*

Consultant Signature

Date

Consultant Invoice Approved for Payment:

Principal Investigator Signature

Typed Name

Date