

UNIVERSITY OF SOUTHERN MISSISSIPPI
Office of Research and Sponsored Programs

INTERNAL CONSULTANT SERVICE REPORT
DATE DESCRIBE WORK PERFORMED HOURS WORKED*

RATE \$ _____ TOTAL HOURS _____
TOTAL \$ _____

Certified by:

Consultant

**Chairperson/Dean

*Faculty and staff will not be reimbursed for work during regular office hours.

**Dean's signature is required only when chairperson is the payee.