

VANDERBILT UNIVERSITY
Internal Consultant
Payment Form

If the work to be performed is not across departmental lines or does not involve a separate or remote location, or is not in addition to the internal consultant's regular departmental duties, prior approval must be obtained from the Provost's Office or appropriate Vice Chancellor. In addition, such charges to government projects may require prior approval from the government sponsor.

Center Number	Job Code	Amount Per Center
- - - - -	- - - - -	\$ _____
- - - - -	- - - - -	\$ _____
- - - - -	- - - - -	\$ _____

Please issue a payroll check for consultant services as follows: (Type or Print)	
Name:	Date:
Social Security #:	Period covered:
VU Home Department #:	Hiring Department #:
Rate per job/per day:	Total Amount \$
Detailed description of services rendered:	

(Payments to internal consultants are included on Form W-2 and standard payroll check distribution is used)

Authorized Signatures:	
<i>If government funds are to be charged, "I certify that (1) the consulting was performed across departmental lines or involves a separate or remote operation AND is in addition to his/her regular departmental duties, OR (2) the work was specifically approved in writing by the government sponsor--approval is attached." (Circle 1 or 2)</i>	
Conflict of Interest Certification:	
I, the consultant, certify that this position was not used for financial gain beyond that received directly for this consulting service nor did the work performed on this project create an appearance of a conflict of interest for me or a member of my family or any others with whom I have business or other ties.	
_____ <small>CONSULTANT'S SIGNATURE</small>	_____ <small>APPROVED BY Provost/Vice Chancellor or Designee</small>
_____ <small>Date</small>	_____ <small>Date</small>
_____ <small>APPROVED BY Dean/Designee of Home Dept of Internal Consultant</small>	_____ <small>APPROVED BY University Central Payroll/Medical Center Payroll Office</small>
_____ <small>Date</small>	_____ <small>Date</small>
_____ <small>APPROVED BY Dean/Designee of Dept Requesting Consultant</small>	_____ <small>APPROVED BY Contract & Grant Accounting</small>
_____ <small>Date</small>	_____ <small>Date</small>

Send completed form with appropriate authorization and attached documentation to:

MEDICAL CENTER
 UNRESTRICTED CENTERS
 Medical Center Payroll Office
 S-2311 MCN 2567

OR

UNIVERSITY CENTRAL
 UNRESTRICTED CENTERS
 University Central Payroll Office
 Box 6310 Station B

RESTRICTED CENTERS
 Medical Center Payroll Office
 S-2311 MCN 2567

RESTRICTED CENTERS
 Contract & Grant Accounting
 Box 1591, Station B