

MILES COLLEGE
CONSULTANT FORM

PROGRAM/PROJECT: _____

GRANT NO. _____

DATE: _____

BY MY SIGNATURE BELOW, I HEREBY CERTIFY THAT I PARTICIPATED
AS A CONSULTANT FOR THE _____

FOR THE PERIOD INDICATED:

DATES _____ 20____ TO _____ 20____

(INCLUSIVE)

TOTAL NUMBER OF DAYS _____

CONSULTANT'S SIGNATURE

SOCIAL SECURITY NUMBER

APPROVED BY:

SIGNATURE OF DIRECTOR/COORDINATOR

FOR BUSINESS OFFICE USE ONLY:

HONORARIUM DUE \$ _____

TRAVEL EXPENSE \$ _____

PER DIEM \$ _____

TOTAL AMOUNT DUE \$ _____