Consultancy Form

Loughborough University

This form should only be completed when a member of staff completes some consultation work outside of their substantive role.

Personal Details	
Full name: _____	Staff number: _____
Department: _____	Position title: _____

Date(s) worked	Hours worked	Details of significant work undertaken	Amount
		Total	£

Please ensure a valid cost code, account number and project code are supplied.

Cost Code		Account Number				Project Code					

Checked in department by:

Print name here: _____ Signature: _____

Date: _____

Authorised signatory:

Print name here: _____ Signature: _____

Date: _____