

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.