



Consultant Invoice

Office of Sponsored Programs
Mount Hall, 1050 Carmack Road, Columbus, Ohio 43210

Instructions

In order to receive payment for consulting services, submit this completed Consultant Invoice form in PDF format to apinvoices@osu.edu. Please note this is a submission inbox only and is not monitored. To avoid delay with invoice processing, be sure to list a valid invoice number, invoice date and purchase order number. Suggested Invoice Number format is MMDDYYYYConsultantInitials (e.g. 11212023JMS). Do not handwrite invoices. For questions, contact Accounts Payable at 614-292-3861 option 1 or email apcustomerservice@osu.edu.

Invoice Information

Invoice Date	Invoice Number
Sponsored Programs Project Number	Sponsored Programs Purchase Order Number

Consultant Information

Name	Phone	Email
Home Address		
Federal Tax Classification:		Location of Services:
<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Resident Alien/Permanent Resident		<input type="checkbox"/> Outside the U.S.
<input type="checkbox"/> Non-Resident Alien <i>If Non-Resident Alien and services performed in the U.S., attach a copy of consultant's visa.</i>		<input type="checkbox"/> Inside the U.S.

Consulting Services

Brief Description of Consulting Services Performed and/or Deliverables Completed During Period:

Date(s) of Services Rendered: From: _____ To: _____

Fee Schedule: *Select one (1) of the following fee schedules which must agree with the Consultant Agreement*

<input type="checkbox"/> Daily Rate: \$ _____	X Number of Estimated Days: _____	= Total Estimated Cost Not to Exceed: \$ _____
<input type="checkbox"/> Hourly Rate: \$ _____	X Number of Estimated Hours: _____	= Total Estimated Cost Not to Exceed: \$ _____
<input type="checkbox"/> Other: <i>If Other, PI must include separate documentation identifying the unit of measure and explaining how the rate was determined.</i>		
Fixed Rate: \$ _____	X Number of Estimated Units: _____	= Total Estimated Cost Not to Exceed: \$ _____

Signatures

I certify that I have performed the services described above.

Consultant Signature

Date