

# Consultant Invoice



THE OHIO STATE UNIVERSITY

ENTERPRISE FOR RESEARCH, INNOVATION  
AND KNOWLEDGE

Sponsored Programs  
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](mailto: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 614-292-6831 option 1 or email [apcustomerservice@osu.edu](mailto:apcustomerservice@osu.edu).

## Invoice Information

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

## Consultant Information

Name	Phone	Email
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Home Address

Federal Tax Classification:

U.S. Citizen  Resident Alien/Permanent Resident

Non-Resident Alien *If Non-Resident Alien and services performed in the U.S., attach a copy of consultant's visa.*

Location of Services:

Outside the U.S.

Inside the U.S.

## Consulting Services

Brief description of consulting services performed and/or deliverables completed during the dates of services rendered:

Date(s) of Services Rendered: From: \_\_\_\_\_ To: \_\_\_\_\_

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

Daily Rate: \$ \_\_\_\_\_ X Number of Estimated Days: \_\_\_\_\_ = Total Estimated Cost Not to Exceed: \$ \_\_\_\_\_

Hourly Rate: \$ \_\_\_\_\_ X Number of Estimated Hours: \_\_\_\_\_ = Total Estimated Cost Not to Exceed: \$ \_\_\_\_\_

Other: *If Other, PI must include separate documentation identifying the unit of measure and explaining how the rate was determined.*

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