

**Consultancy Form**



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

<b>Personal Details</b>	
Full name: _____	Staff number: _____
Department: _____	Position title: _____

Date(s) worked	Hours worked	Details of significant work undertaken	Amount
<b>Total</b>			£

**Please ensure all sections of the below costing table are completed in full.**

Cost Centre					Sub Project							Job Family			Grade					

**Checked in department by:**

Print name here: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Authorised signatory:**

Print name here: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_