

CATHOLIC RELIEF SERVICES - UNITED STATES CONFERENCE OF CATHOLIC BISHOPS

CONSULTANT REQUISITION

Completion of this form is required to request and to contract the services of a Consultant or Independent Contractor. This form becomes an essential attachment to the final Consultancy Agreement.

The Scope of Work must also be attached; it will become an essential attachment to the Consultancy Agreement.

Consultant Information

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

Name \_\_\_\_\_

Citizenship: \_\_\_\_\_  
(Required)

Taxpayer ID # : \_\_\_\_\_  
(Required for U.S. Citizens)

Address(es): Current  
No. & Street \_\_\_\_\_  
City & State/Province \_\_\_\_\_  
Postal Code / Country \_\_\_\_\_

Permanent  
\_\_\_\_\_

Preferred address for legal notices:  Current  Permanent

Telephone Contact: \_\_\_\_\_  
[check ✓ preferred]  Home  Work  Cell  Fax  Other

E-mail: \_\_\_\_\_ Other electronic contact: \_\_\_\_\_

Worked for CRS before?  Yes  No  
If yes, satisfactory performance?  Yes  No  
If no, reference(s) checked?  Yes  No  
By whom? \_\_\_\_\_

Project Information

CRS Department requesting services: \_\_\_\_\_

Project Location: \_\_\_\_\_

DSPN (Donor Source Project Number) to be charged: \_\_\_\_\_

Brief Project Description: \_\_\_\_\_

Local CRS Contact Person: \_\_\_\_\_

U.S. CRS Contact Person: \_\_\_\_\_

Duration of Project (estimated): # \_\_\_\_\_  days  weeks  months

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Please continue to next page

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## Compensation/Payments Information

Rate: \$ \_\_\_\_\_  per day  per week  per month  fixed fee  other [explain below]

Total Consultant Compensation: \$ \_\_\_\_\_

Payment Period/Frequency:  monthly  project completion  other [explain below]

Payment Method: [check ✓ one]

check to current address permanent address (mark one)

direct deposit (US banks only) Account # \_\_\_\_\_ Routing # \_\_\_\_\_

wire transfer (Overseas banks only)

Bank Name \_\_\_\_\_

Bank Address \_\_\_\_\_

Bank Account Number \_\_\_\_\_ Title on Account \_\_\_\_\_

ABA Number \_\_\_\_\_ Swift Code \_\_\_\_\_

**Incidental Expenses Covered:** Description / Limitation Amount / Value

[check ✓ applicable items]

<input type="checkbox"/> Lodging	_____	_____
<input type="checkbox"/> Local Travel	_____	_____
<input type="checkbox"/> Per Diem	_____	_____
<input type="checkbox"/> Long Distance Travel	_____	_____
<input type="checkbox"/> Other	_____	_____
<input type="checkbox"/> Other	_____	_____

**Incidental Expenses not to exceed:** \_\_\_\_\_

**Total Project costs allowable:** \$ \_\_\_\_\_  
[Compensation + Incidentals]

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**Additional Comments or Instructions:**

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## CRS Authorization Information

Authorizing Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Title / Department \_\_\_\_\_

Date \_\_\_\_\_