

OAKWOOD UNIVERSITY CONSULTATION REPORT FORM

ACTIVITY _____

CONSULTANT'S NAME _____ DATE _____

TITLE

INSTITUTION OR AGENCY

SERVICES PROVIDED _____

EXPENSES: PLANE FARE _____

_____ MILES TRAVELED @.38 _____

LODGING EXPENSE _____

OTHER: _____

TOTAL: _____

Consultant's Signature

Address

City

State

Zip

Director's Signature

Note: This form should be submitted no later than seven (7) days after services have been rendered. Please allow at least seven (7) working days after consultation report has be submitted to the Accounting Office for receipt of payment.