

**RESEARCH FOUNDATION FOR MENTAL HYGIENE, INC.  
CONSULTING SERVICES PAY ORDER**

M547-4/98

FOR BUSINESS OFFICE ONLY

P.O. NO:

P.O. DATE:

CONSULTANT NAME & ADDRESS	ACCOUNT NUMBER	IS CONSULTANT A CORPORATION? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, COMPLETE <input type="checkbox"/> SOC. SECURITY # or <input type="checkbox"/> FED. EMPLOYEE #
	CATEGORY	IS CONSULTANT A U.S. CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, COMPLETE CITIZEN OF:  VISA TYPE:

FEE \$	PER <input type="checkbox"/> DAY <input type="checkbox"/> HOUR <input type="checkbox"/> OTHER	DESCRIBE OTHER
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CONSULTATION DATES	NO. OF HOURS, DAYS OR OTHER	AMOUNT \$	IS CONSULTANT A RFMH, NYS DMH, OR U.S. GOVERNMENT EMPLOYEE? <input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, COMPLETE	
			EMPLOYER	
			TITLE	
TOTALS →			GRADE	IF PART TIME %

WAS WORK PERFORMED IN U.S.  YES  NO IF NO, WHERE?

DESCRIBE CONSULTATION IN DETAIL

BUSINESS OR PROFESSIONAL AFFILIATIONS WHICH ESPECIALLY QUALIFY THIS CONSULTANT FOR THE ASSIGNMENT?

**POLICY — DOCUMENTATION MUST BE AVAILABLE TO ESTABLISH THAT :**

- Consultation was needed and RFMH and/or NYS DMH staff could not be used.
- A selection process was used to get the most qualified available consultant, considering the nature and extent of the consultation required.
- The fee is appropriate based upon the consultant's qualifications, normal charges and the services provided.

*I certify that the consultation described above was performed and that the required documentation is on file*

PROGRAM DIRECTOR SIGNATURE:	TITLE:	DATE:
APPROVAL SIGNATURE:	TITLE:	DATE:

**FOR CONTROLLER'S OFFICE USE**

DATE PAID:	SIGNATURE:
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