



TEXAS TECH UNIVERSITY SYSTEM

Consultant Request Form

Institution:	
Responsible Administrator: <i>(name, title, Department)</i>	Signature
Selection Process: <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Other <i>(specify)</i>	
Name of Consultant:	
Purpose:	
Scope of Work:	
History with Consultant:	
Justification:	
Deliverables: <i>(reports, identification of candidates, etc.)</i>	
Total Contract Amount:	Contract Number:
Begin Date of Contract:	End Date for Contract:
Purchasing Manager/Date	Signature
Procurement Services Manager/Date	Signature
Chief Financial Officer/Date	Signature