

**VERIFICATION OF CONSULTANT  
SERVICES RENDERED**

Consultant Name \_\_\_\_\_ PO # \_\_\_\_\_

Date(s) Service Provided \_\_\_\_\_

Service Provided To (specific site, assembly, teacher, etc.): \_\_\_\_\_

\_\_\_\_\_

Lesson Plan, Program Description, List of Those Served: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Administrator certifying that services were rendered:

\_\_\_\_\_

Site Administrator's Signature

\_\_\_\_\_

Date

**NOTE: PAYMENT TO CONSULTANT WILL NOT BE PROCESSED UNTIL THIS  
FORM HAS BEEN SUBMITTED TO BUSINESS SERVICES.**