

**DUKE UNIVERSITY SCHOOL OF NURSING  
CONSULTANT PAYMENT REQUEST**

**Instructions:** Faculty and staff should submit this form when work has been completed by someone not normally paid a full-time salary by the School of Nursing. This form should be used for consultants performing work for the School or in support of a grant.

1. Name \_\_\_\_\_
2. Social Security Number \_\_\_\_\_
3. Home Address \_\_\_\_\_
4. Telephone Number (Home): \_\_\_\_\_ Telephone Number(Work): \_\_\_\_\_
5. Work Performed \_\_\_\_\_
6. Date(s) of Service \_\_\_\_\_
7. Is this person currently a Duke Employee? Yes \_\_\_ No \_\_\_
  - a. If Yes, is the employee:  
\_\_\_ Bi-Weekly/Hourly Paid \_\_\_ Faculty \_\_\_ Monthly Staff
  - b. Department employee is normally paid by \_\_\_\_\_
8. Does this person have an adjunct appointment (or other non-paid affiliation) with any Duke department? Yes \_\_\_ No \_\_\_  
If Yes, please list department \_\_\_\_\_
9. Amount to be paid (before taxes) \_\_\_\_\_
10. Travel Expenses to be paid (must attached all original receipts) \_\_\_\_\_
11. Funding Source \_\_\_\_\_

Please attach any additional supporting documentation (email/letter agreement, etc) to support the consultation payment.

\_\_\_\_\_  
SIGNATURE OF EMPLOYEE REQUESTING PAYMENT & DATE