



CONSULTANT EXPENSE

Name: _____ S.S.# _____

Address: _____ Phone: _____

Consultant services provided: _____

For _____ Department of _____
(Program Name) (College Name)

Date(s) services were provided: _____ Daily/Hourly Rate: \$ _____ Total Amount: \$ _____

I do solemnly swear that I am not a current employee of Central Arizona College and have worked in the capacity specified; and that the amount listed above is due, and no part of the said amount has been heretofore claimed by me or paid to me or my order.

Consultant Signature Date

Are you an ASRS retiree? Yes No

Administrator Signature Date

If yes, provide DOB _____ **SS #** _____

P. O. Number

W-9 <input type="checkbox"/>
CAC Employee <input type="checkbox"/> Yes <input type="checkbox"/> No