



ALABAMA A & M UNIVERSITY

TITLE III Strengthening Grants Program

CONSULTANT REPORT FORM

This form must be completed by the consultant and attached to the request for reimbursement.

Person and Department requesting consultant: _____

Consultant's Name: _____

Address: _____

Date(s) of Service: _____

Total # of hours worked: _____

Title of Program: _____

Number of Participants: _____

Summary: Please attach a written report including the following information: Objectives of the program, an overview of major topics discussed, evaluation results, a copy of the program agenda, roster, program evaluation results and other pertinent information.

Amounts Charged to Grant:

Consulting Fee _____

Fare – Train/Plane/Bus & Ground Transportation (Taxi Cabs) _____

(Attach Receipts)

Auto (current State rate) _____

Meals (current State rate) _____

Lodging – Actual Expenses (Attach Receipts) _____

(Not to exceed 4 nights)

TOTAL _____
