



2400 Reach Road
 PO Box 3609
 Williamsport, PA 17701
 570-323-8561
 Fax: 570-323-1738

33 Springbrook Drive
 Canton, PA 17724
 570-673-6001
 Fax: 570-673-6007

REQUEST FOR CONSULTANT/CONTRACTED SERVICES

1. Name of Consultant _____ 2. Social Sec No. _____
 3. Home Address _____ 4. Home Phone _____
 _____ 5. Business Phone _____

6. Function or purpose of service (be specific):

7. Qualification/credentials (attach copy)

8. Work location (specify)

9. Time Period

 (Begin Date) (End Date)

10. Total number of days/units _____

11. Rate of pay per day/unit _____ (a) Plus expenses? No

12. Total cost of contract _____

13. Charge to _____

14. Signatures of approval:	a) _____ Budget	Additional documentation needed (please attach): Act 34 & 151 Clearances Credentials/Licenses For Transportation: VIN# Make Model Year # of Passengers Insurance
	b) _____ Initiator	
	c) _____ Business Office	
	_____ Executive Director	

14. I agree to satisfactorily complete the function noted in number 6 above and according to criteria stipulated in numbers 8 through 11 above. I understand that work not completed by the completion date noted in number 9 will not be paid for under this agreement. I understand that I am to comply with all applicable state regulations. This contract may be terminated by BLaST for its convenience at any time upon 30 days' notice to Consultant/Contractor

 Consultant/Contractor Signature Date

NOTE TO CONSULTANT: This contract is for consultant/contracted service only. If 11(a) is "Yes," please fill out a BLaST expense voucher(s) for travel reimbursement and submit to initiator for signature and submission to the Business Office at the end of service. BLaST agrees to have the above as an additional insured under its liability coverages. You are also required to notify BLaST immediately of any incidents that occur which may have an impact on your Act 34 & 151 clearances.

15. Extent of services rendered (attach sample copy of any written materials) noted in No. 6 above:

16. Comments on services

17. Number of days rendered _____ at \$ _____ Total Due _____

 Initiator Signature Date

Copies to: Business Office, Initiator, and Consultant or Contractor

Please note: Services are not to start until the contract is signed by all parties.