

**HOWARD UNIVERSITY  
COMPTROLLER'S OFFICE  
2244 10<sup>th</sup> Street, N.W.  
Washington, DC 20059**

**Certification for Consultant Services**

I certify to the following conditions in support of the use of the consultant  
service of \_\_\_\_\_.  
Name of Consultant

1. That the services to be provided are essential and cannot be provided by persons receiving salary support under the grant.
2. That a selection process has been employed to secure the most qualified person available and that the selection has been approved by the Dean.
3. That the rates charged are appropriate after consideration of all the relevant factors, such as the qualification of the consultant, the nature of the services to be rendered, and the usual charges for similar services.

Account (s) to be charged:

5 2 \_\_\_\_\_

6 3 \_\_\_\_\_

Recommended By:

\_\_\_\_\_  
Principal Investigator

Supported By:

\_\_\_\_\_  
Dean, Director, or  
Administrative Officer

**DISTRIBUTION:**

Comptroller  
Department  
Dean, Director, Administrative Officer