



**New York City
Department of Education**

**CONSULTANT
APPROVAL FORM**

1. CONSULTANT APPROVAL NO.

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|-----------------------------------|--|-------|--|------------|--|---|--|-----------------|--|-------------------|--|---------|--|--|--|
| 2. TYPE OF CONSULTANT (Check Box) | | | | LEGAL | | | | 3. PROGRAM NAME | | | | | | | |
| EDUCATIONAL | | | | EVALUATION | | | | ARTISTIC | | | | MEDICAL | | | |
| 4a. CONSULTANT'S NAME | | | | | | 5. ROC/DISTRICT/FINANCIAL MANAGEMENT CENTER (FMC) | | | | | | | | | |
| 4b. | | | | | | | | | | | | | | | |
| 4c. MAILING ADDRESS | | | | | | ADDRESS | | | | | | | | | |
| Street | | | | | | Street | | | | | | | | | |
| 4d. City | | State | | Zip | | City | | State | | Zip | | | | | |
| 6. SOCIAL SECURITY NUMBER | | | | | | 7. DATES OF AUTHORIZATION SERVICES: | | | | | | | | | |
| | | | | | | FROM | | TO | | 20_____ | | | | | |
| 8. APPROVED RATE PER DAY | | | | \$ _____ | | 9. NUMBER OF DAYS | | _____ | | 10. APPROVAL DATE | | | | | |
| HOURS | | | | \$ _____ | | HOURS | | _____ | | MM DD YY | | | | | |

| FINANCIAL ACCOUNTING DATA | | | | 11. Fiscal year | 12. VENDOR NUMBER | 13. REPORTING CATEGORY | 14. NO. OF LINES | |
|-----------------------------|----------------|----------|----------------|-----------------|-------------------|------------------------|------------------|------------|
| ENCUMBRANCE DOCUMENT NUMBER | | | | | | | 1 | |
| 15. SFX | 16. TRANS CODE | 17. DIST | 18. QUICK CODE | 19. OBJECT | 20. BUDGET | 21. GRANT | 22. LOCATION | 23. AMOUNT |
| 1 | | | | | | | | |

24. APPROVAL AND CERTIFICATION BY ROC/DISTRICT OFFICE OF FMC

I approve the above named consultant at the rate indicated above. The person I have selected to be in charge of the program/project has the responsibility of reviewing the consultant's progress, including the timeliness of deliverables, goods and services.

I certify that sufficient funds are available and have been encumbered to the codes above. The expenditure is necessary to conduct the educational or administrative program/project. I further certify that an original copy of the DHR 190 approved by DHR is on file at the ROC/District office or FMC.

Superintendent, ROC Director or Executive Director

Approval Date

25. REMARKS

| 26. PAYMENT RECORD | VOUCHER DATE | BY | AMOUNT OF PAYMENT | OPEN BALANCE | VOUCHER # | BY | AMOUNT OF PAYMENT | OPEN BALANCE |
|--------------------|--------------|----|-------------------|--------------|-----------|----|-------------------|--------------|
| VOUCHER # | | | | | | | | |
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