UNIVERSITY CONSULTANCY: PERMISSIONS AND PAYMENT FORM

This form is for the use of members of staff who plan to undertake University consultancy for an external client.

Please discuss with your Head of School or equivalent before completing this form.

All staff members should complete a permissions and payment form before undertaking University consultancy. This is a straightforward way of supplying the information essential for putting contract arrangements in place and to start off the financial process which will eventually result in raising an invoice to the customer and making a payment to you.

No University consultancy should be undertaken without completing this form nor without a contract being in place. Please contact R&ES for help if you are in any doubt.

For help completing the form, refer to the notes on page 2. Fill in sections 1–6 and send to: Research & Enterprise Services, Whiteknights House.

For more information, please contact:
Your Contract Manager
www.reading.ac.uk/internal/res/Contact/res-contact.aspx#
Section 1  Consultant details

1.1–1.3  Full contact details of the member of staff.

1.4  The University may allow staff the opportunity to embark on up to 40 days consultancy (of which a maximum of 20 days may be Private) in a single academic year. You should indicate here the number of days undertaken for each type of consultancy in the current academic year. Please indicate if nil.

1.5  This section should be completed in the case of a joint project with other consultants in the University.

Section 2  Project details

2.1  A description of the projects and expected deliverables should be given here. If you have any client description of work please attach it to the permissions form.

Section 3  Dates

Details of known dates and a number of anticipated days should be given as accurately as possible. Final dates will be agreed in the contract.

Section 4  Client details

Full contact details of the Client (which is external to the University) are required. All fields must be completed or a contract cannot be put in place.

Section 5  Fees

5.1  An indicative price using a recommended daily rate should be entered here. Please consult your Finance Business partner and/or Contracts Manager and refer to section 2.1.1 of the University consultancy policy for guidance on pricing.

5.2  The member of staff and the Head of School, or equivalent, should agree the distribution of income. The member of staff should choose their preferred method of payment.

Section 6  Signatures

6.1  The member of staff should sign and date the form.

6.2  If the member of staff is a Head of School or equivalent, the PVC Resource or Head of Function must give approval. If the member of staff is senior to the Head of School or equivalent, then the Vice-Chancellor should give approval by signing the form. This is done in the context of due diligence and with reference to any potential conflict of interest.

Fill in all sections and send to:
Research & Enterprise Services, Whiteknights House.

Once the work has been completed, please remember to email your Research Account Assistant so that an invoice can be raised.
UNIVERSITY CONSULTANCY: PERMISSIONS AND PAYMENT FORM

Please discuss with your Head of School or equivalent before completing this form.

Section 1  Consultant details

<table>
<thead>
<tr>
<th>1.1</th>
<th>Your name</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.2</td>
<td>Employee number</td>
</tr>
<tr>
<td>1.3</td>
<td>School</td>
</tr>
</tbody>
</table>

1.4 How many days consultancy have you already undertaken in this academic year?

- University
- Private

1.5 If other members of staff at the University will be involved in this consultancy please list names here (they may also need to complete their own permission form)

Section 2  Project details

2.1 Description of work to be undertaken, and expected deliverables (attach client description of work if available)


2.2 Please provide details of any additional expenses, consumables and materials or the use of equipment required specifically to support the consultancy

Section 3  Dates

<table>
<thead>
<tr>
<th>3.1</th>
<th>Proposed start date</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.2</td>
<td>End date</td>
</tr>
<tr>
<td>3.3</td>
<td>Anticipated number of days</td>
</tr>
</tbody>
</table>

Section 4  Client details

<table>
<thead>
<tr>
<th>4.1</th>
<th>Client name</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.2</td>
<td>Address</td>
</tr>
<tr>
<td>4.3</td>
<td>Contact name</td>
</tr>
<tr>
<td>4.4</td>
<td>Telephone</td>
</tr>
<tr>
<td>4.5</td>
<td>Email</td>
</tr>
</tbody>
</table>

Section 5  Fees

<table>
<thead>
<tr>
<th>5.1</th>
<th>Indicative price (before VAT) £</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.2</td>
<td>Agreed division of fee (To be completed by HoS or equivalent)</td>
</tr>
<tr>
<td>a) School</td>
<td>%</td>
</tr>
<tr>
<td>b) Consultant</td>
<td>% ( % in SDA, % as payroll)</td>
</tr>
</tbody>
</table>

Section 6  Signatures

6.1 Consultant

<table>
<thead>
<tr>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date</td>
</tr>
</tbody>
</table>

6.2 Head of School or equivalent (or other as appropriate, see notes on page 3)

<table>
<thead>
<tr>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date</td>
</tr>
</tbody>
</table>
Section 7  To be completed by Finance

7.1 RES Admin

Consultant’s name
Employee number
a) Form received (date)
b) Distributed to Contracts, Insurance (date)

7.2 Research Accounts Assistant

a) Account code and project number
b) Invoice issued (date)
c) Value £
d) Paid (date)
  • Based on number of days completed:
e) Gross amount received:
f) Distribution:
  • Amount to School:
  • Gross amount to be paid:
    • Amount to SDA:
      (Research Account Assistant will transfer appropriate amount into School code)
    • Amount to Payroll:

7.3 Research Account Assistant: Instructions to payroll

a) Amount (to be grossed down)
b) Final payment (date)
or
c) Multiple payment of

Signature
Print name
Date

If payment is to be made through salary, RAA completes 7.2 and 7.3 and sends to Director of Human Resources.

7.4 Approved for payment

Signature of Director of Human Resources
Signature
Print name
Date

7.5 HR operations – Payroll

Payroll reference
Date Period

[ ] Authorisation verified tick

Actioned by
Signature
Print name
Date

Once approved for payment – original to Payroll and copies to RAA and R&ES.

For more information, please contact:
Your Contract Manager
www.reading.ac.uk/internal/res/Contact/res-contact.aspx#