This form should be completed by the Principal Investigator and be submitted to the Science Faculty Dean’s Office, together with supporting documents. Upon approval by the P/VC, the application will be returned to the Principal Investigator for record, with a copy forwarded to the Finance Office for accounting purpose, and the other copies will be filed in the Knowledge Transfer, Personnel, Dean’s and Departmental Offices. For enquiries, please contact the Dean’s Office in the first instance.

HONG KONG BAPTIST UNIVERSITY

Faculty of Science

CONSULTANCY PROJECT

Title: ____________________________________________

Client: __________________________________________

Investigator(s)/Department: ____________________________

(Please underline Principal Investigator’s name, if more than one investigator)

Commencement Date: __________________ Expected Completion Date: __________________

No. of Working Hours/Days Involved: ______________________

Total Contract Value: __________________

(Please state total value of the contract, instead of the amount of individual payment)

Method of Payment by Client: □ by cheque □ by autopay

Frequency of Payment by Client: □ one-off (Date: _____________) □ by installment

Reason(s) for undertaking this consultancy work and how it will contribute to teaching/work effectiveness, research work etc.: ____________________________________________

__________________________________________________________________________

DECLARATION:

I/We understand that I am/We are undertaking this consultancy work/project on an individual basis and not on behalf of the University and that the University shall have no liability for all the work undertaken in this connection. # I/We also undertake to ensure that the University shall be properly reimbursed for all the direct and indirect costs incurred in accordance with the regulations stipulated by the University.

Signature: ___________________________ Investigator(s) Date ___________________________

# Investigator(s) is/are advised to consider carrying insurance to cover possible claims arising from the consultancy work/project.
<table>
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<tr>
<th>University</th>
<th>Faculty of Science</th>
<th>Department</th>
<th>Centre/Lab/Institute/Consultancy of the Investigator(s)</th>
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* Budget Controller: please initial here to show your agreement.

Endorsed by: ________________________________
Dean, Faculty of Science

Approved by: ________________________________
President & Vice-Chancellor

Recorded by: ________________________________
Finance Office

Remarks: ____________________________________________________________

[Form Aug 2014]