

Harvard Pilgrim Health Care Institute
Request to Provide External Consulting

NAME	
NAME & ADDRESS OF COMPANY OR INDIVIDUAL	
DESCRIPTION OF PROJECT	
ESTIMATED NUMBER OF HOURS	

Approved by:

Office of Sponsored Programs

Date

Richard Platt, MD

Professor and Chair of the Department
Of Population Medicine

Date

Review of consultant agreement for conflicts

Sheila Fireman, JD

Director of Institute Administration

Date

If you wish to deposit the payment from this consultancy in your General Purpose account, attach this signed form with a personal check made payable to Harvard Pilgrim Health Care Institute. You will receive a gift acknowledgement.