**Consultation Scope of Work - Summary**

**Consultant**

Name

Title

Organization

Address

**Qatar University**

PI Name

Title

Department

Building

PO BOX

Doha, Qatar

**Grant ID # :**

**Services**

The services to be provided by the consultant will cover the following scope of work:

**Dates for Provision of consultancy Services**

**Deliverables**

**Effort inside/outside qatar**

( ) Inside Qatar ( ) Outside Qatar ( ) inside & outside qatar

If outside qatar, please highlight the reasons:

**Payment & payment terms**

The total amount shall be paid after completing the scope of work and submitting deliverables to the PI.

**Payment Details:**

Payment shall be made, as per payment terms, to the bank account specified by the consultant

**Expenses:** Unless otherwise agreed in writing, the above payment sum shall be deemed to include all Consultant expenses.