

STATE COUNCIL OF HIGHER EDUCATION FOR VIRGINIA

and _____
(Organization Name)

CERTIFICATION OF PROFESSIONAL SERVICES RENDERED

This is to certify that _____
(name)

has been employed as a Consultant _____ for _____
(Organization Name)

and has rendered services to the College Access Challenge Grant Program (CACGP).

Request for payment submitted by: _____

Description of Work:

Time dedicated to CACGP grant activity:

Time Period: _____

Total Hours: _____

Total Fee Amount: _____

Authorized Signature

Date