

**TEXAS A&M UNIVERSITY  
DEPARTMENT OF PROCUREMENT SERVICES**

**SECONDARY VENDOR**

**TEMPORARY SERVICES FOR CATEGORY 2 ACCOUNTING**

**M100453**

**VENDOR ID #:** 18702955030  
**VENDOR:** SOS STAFFING SERVICES INC  
**CONTACT:** ROXANNE SAUSEDA  
**PHONE:** 979-260-9190      **FAX:** 979-260-9160

**Services Required for the Following Dates:**

**Beginning Date:** \_\_\_\_\_ **through Ending Date:** \_\_\_\_\_

**Starting Time:** \_\_\_\_\_ **through estimated Ending Time:** \_\_\_\_\_

ACCOUNTING SUPPORT	STANDARD BILLING RATE/HOUR	OVERTIME BILLING RATE/HOUR	NUMBER OF PERSONNEL	ESTIMATED HOURS
CASHIER I	\$ 11.33	\$ 16.99		
CASHIER II	\$ 12.95	\$ 19.43		
CASHIER III	\$ 14.31	\$ 21.46		
ACCOUNTING ASSISTANT I	\$ 12.95	\$ 19.43		
ACCOUNTING ASSISTANT II	\$ 13.85	\$ 20.78		
ACCOUNTING ASSISTANT III	\$ 14.80	\$ 22.20		

**TEXAS A&M DEPARTMENT INFORMATION**

<p><b>CONFIRM TO:</b> _____</p> <p><b>PHONE:</b> _____ <b>FAX:</b> _____</p> <p><b>LOCATION OF EMPLOYMENT:</b></p> <p><b>BUILDING:</b> _____</p> <p>_____</p> <p><b>ROOM NO.</b> _____</p> <p><b>SUPERVISOR'S NAME:</b> _____</p>	<p><b>DEPARTMENT NAME:</b> _____</p> <p><b>BILLING ADDRESS:</b> _____</p> <p>_____</p> <p><b>ACCOUNTING INFORMATION:</b></p> <p><b>PRO CARD # TO BE PHONED IN, NOT FAXED:</b></p> <p>_____</p> <p><b>LIMITED P.O. #</b> _____</p> <p><b>REQUISITION #</b> _____</p> <p><b>AUTHORIZED BY:</b> _____</p>
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**CONFIRMATION-OF-TEMPORARY ASSIGNED:**      YES / NO (Circle One)

\_\_\_\_\_  
VENDOR'S AUTHORIZED SIGNATURE      DATE

State law requires that you be informed of the following: (1) you are entitled to request to be informed about the information about yourself collected by use of this form (with a few exceptions as provided by law); (2) you are entitled to receive and review that information; and (3) you are entitled to have the information corrected at no charge to you.