

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

PRIMARY VENDOR

TEMPORARY SERVICES FOR CATEGORY 7 LUFKIN AREA

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: _____

LUFKIN AREA	STANDARD BILLING RATE/HOUR	OVERTIME BILLING RATE/HOUR	NUMBER OF PERSONNEL	ESTIMATED HOURS
CLERK I	\$ 11.33	\$ 16.99		
CLERK II	\$ 12.12	\$ 18.18		
CLERK III	\$ 12.95	\$ 19.43		
RECEPTIONIST	\$ 11.71	\$ 17.57		
SECRETARY	\$ 12.53	\$ 18.80		
ACCOUNTING ASSISTANT I	\$ 12.95	\$ 19.43		
ACCOUNTING ASSISTANT II	\$ 13.85	\$ 20.78		
ACCOUNTING ASSISTANT III	\$ 14.80	\$ 22.20		
LABORER	\$ 11.33	\$ 16.99		
NURSERY WORKER	\$ 11.33	\$ 16.99		
TECHNICIAN I	\$ 16.90	\$ 25.34		
CLERK DISPATCHER	\$ 15.84	\$ 23.76		

TEXAS A&M DEPARTMENT INFORMATION

<p>CONFIRM TO: _____</p> <p>PHONE: _____ FAX: _____</p> <p>LOCATION OF EMPLOYMENT:</p> <p>BUILDING: _____</p> <p>_____</p> <p>ROOM NO. _____</p> <p>SUPERVISOR'S NAME: _____</p>	<p>DEPARTMENT NAME: _____</p> <p>BILLING ADDRESS: _____</p> <p>_____</p> <p>ACCOUNTING INFORMATION:</p> <p>PRO CARD # TO BE PHONED IN, NOT FAXED:</p> <p>_____</p> <hr/> <p>LIMITED P.O. NUMBER: _____</p> <p>REQUISITION NUMBER _____</p> <p>AUTHORIZED BY: _____</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.