

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

**SECONDARY VENDOR**

**TEMPORARY SERVICES FOR CATEGORY 7 LUFKIN AREA**

**M100452**

**VENDOR ID #:** 13522043363  
**VENDOR:** ADVANTAGE STAFFING  
**CONTACT:** GENNY FLORES  
**PHONE:** 979-268-4242 **FAX:** 979-268-8821

**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	\$ 11.58	\$ 17.37		
CLERK II	\$ 12.39	\$ 18.59		
CLERK III	\$ 13.24	\$ 19.87		
RECEPTIONIST	\$ 11.97	\$ 17.97		
SECRETARY	\$ 12.81	\$ 19.22		
ACCOUNTING ASSISTANT I	\$ 13.24	\$ 19.87		
ACCOUNTING ASSISTANT II	\$ 14.16	\$ 21.25		
ACCOUNTING ASSISTANT III	\$ 15.13	\$ 22.71		
LABORER	\$ 11.58	\$ 17.37		
NURSERY WORKER	\$ 11.58	\$ 17.37		
TECHNICIAN I	\$ 17.28	\$ 25.92		
CLERK DISPATCHER	\$ 16.20	\$ 24.30		

**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. NUMBER:</b> _____</p> <p><b>REQUISITION NUMBER</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.