

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

**PRIMARY VENDOR**

**TEMPORARY SERVICES FOR CATEGORY 3 TECHNICAL**

**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:** \_\_\_\_\_

ACCOUNTING SUPPORT	STANDARD BILLING RATE/HOUR	OVERTIME BILLING RATE/HOUR	NUMBER OF PERSONNEL	ESTIMATED HOURS
LABORATORY ATTENDANT I	\$11.71	\$17.57		
LABORATORY ATTENDANT II	\$13.40	\$20.10		
TECHNICAL ASSISTANT I	\$12.53	\$18.80		
TECHNICAL ASSISTANT II	\$14.31	\$21.46		
TECHNICIAN I	\$16.90	\$25.34		
TECHNICIAN II	\$19.32	\$28.99		

**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.