TEXAS A&M UNIVERSITY
DEPARTMENT OF PROCUREMENT SERVICES

TERTIARY VENDOR
TEMPORARY SERVICES FOR REED ARENA POSITIONS

M100458

VENDOR ID #: 17605944860
VENDOR: LINK STAFFING SERVICES
CONTACT: RHONDA BULLARD
PHONE: 979-775-5465  FAX: 979-775-5466

Services Required for the Following Dates:
Beginning Date:__________ through Ending Date:__________
Starting Time:__________ through estimated Ending Time:__________

<table>
<thead>
<tr>
<th>SPECIAL EVENT WORKERS</th>
<th>STANDARD BILLING RATE/HOUR</th>
<th>OVERTIME BILLING RATE/HOUR</th>
<th>NUMBER OF PERSONNEL</th>
<th>ESTIMATED HOURS</th>
</tr>
</thead>
<tbody>
<tr>
<td>CLEAN-UP PERSONNEL</td>
<td>$11.94</td>
<td>$17.91</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CUSTODIANS</td>
<td>$11.94</td>
<td>$17.91</td>
<td></td>
<td></td>
</tr>
<tr>
<td>STAGEHANDS</td>
<td>$11.94</td>
<td>$17.91</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

TEXAS A&M DEPARTMENT INFORMATION

CONFIRM TO:_______________________________________
PHONE:___________________FAX:____________________
LOCATION OF EMPLOYMENT:
BUILDING:______________________________________
ROOM NO._______________________________________
SUPERVISOR’S NAME:_______________________________
EVENT NAME:____________________________________

DEPARTMENT NAME:________________________________
BILLING ADDRESS:________________________________
ACCOUNTING INFORMATION:
PRO CARD # TO BE PHONED IN, NOT FAXED:

LIMITED P.O. NUMBER:_____________________________
REQUISITION NUMBER_____________________________
AUTHORIZED BY:_________________________________

CONFIRMATION-OF-TEMPORARY ASSIGNED: YES / NO (Circle One)

VENDOR’S AUTHORIZED SIGNATURE DATE