

Provider Services Proposal

Service Provider Contact Information:

Name: _____
Email: _____
Street Address: _____
City, State, Zip Code: _____

Date: _____
Phone: _____
Fax: _____

Dates Services will be provided:

Total No. of Days of Service:

Detailed Description of Services, including location:

Total Cost for Services\$ _____

Payment Terms, including fee hourly/daily rates, invoicing, etc.:

Materials or Supplies included in Total Cost for Services:

Reimbursable Expenses (if Applicable):

Total reimbursable expenses, not to exceed.....\$ _____

Grand Total Amount for Services to be Provided:\$ _____

(Combined total for both cost of services and reimbursable expenses)

Current or Retired STRS/PERS Member?

Yes

No

If Retired - list Retirement Date: _____

Provider Signature: _____

Valid Through: