

University of Central Florida

Request for Quote

Terms and Conditions in accordance with Temporary Labor Services, ITN2021-03TCSA

Name:	Department:
Phone:	Email:
Issue Date:	Due Date:

Quote Details and Information

Type of Skills Needed:

Length of Assignment:	Hours of Work:
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Location of Assignment:

Additional Quote Information/Comments:

Please complete the information below and return to the UCF contact named above.

Supplier Name:	Supplier Contact:
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Phone:	Email:
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Supplier Signature:

Hourly Rate:	Overtime Hourly Rate:
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Additional Fees (if applicable):	Attachments (if applicable):
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