



**SECURITY SERVICES REQUEST FOR QUALIFICATIONS (RFQ)
PROPOSED BUDGET/PRICING**

Vendor Name:	
Vendor Address:	
Vendor Phone Number:	
Vendor Email:	

		Monthly Cost (\$)	Annual Cost (\$)	Notes
Hourly Rate (\$)	<i>Enter rate here</i>			
Overtime Rate (\$)	<i>Enter rate here</i>			
Reporting Software Cost, if applicable				

GRAND TOTAL	Monthly Cost (\$)	Annual Cost (\$)

Additional Notes – Please capture any additional notes about the above pricing including any potential rate increases and the rationale, any notes regarding holiday and overtime pay, or any other pertinent information.