REQUEST TO UTILIZE SERVICE PROVIDER (RTUSP) excluding trucking

TO:			,	R.E.	CONTRACT NO.:	
PRIN	ME CONTRACTOR: _					
	(If Applicable) SUBCONTRACTOR:					
	(If Applicable) 2 nd	Tier SUBCONTR	ACTOR:			
SUB	MITTED BY:	(D: (N / D	-	_	(0	\
		(Print Name/	itle) (Company)			
1)	Service Provider:					
2)	(If Applicable) Service Provider's Contr. Lic. No.:					Exp. Date:
3)	Service Provider's NV Business Lic. No.:					Exp. Date:
4)	Service requested:					
5)	Explanation for request:					
6)	a) Cost per hour:					
	b) Total estimated hours:					
	c) Total estimated cost:					
7)	Prevailing wage re	equired \square	Prevailing wa	ane not i	required (che	ack all that annly)
·		•		•		
8)	Approximate dura	ion: From	, 20	to	, 20	<u></u>
					ED PAYROLLS TH	
	LCP TRACE	<u>(ER SYSTEM FO</u>	R ALL EMPLOY	<u> (EES W</u>	ORKING ON THIS	CONTRACT
Service Provider (name and title)			Service Provi	der (aut	horized signature)	 Date
OCIVI	ice i Tovidei (Hairie ai	id title)	OCIVICE I TOVI	uci (aut	nonzed signature)	Date
Contractor (name and title)			Contractor (signature)			Date
Reco	ommended:				_	
Resident Engineer (ignature)			Date
Approved: Contract Compliance		ntract Compliance	Officer (signatur	·e)	_	Date
cc:		, District Engineer				
			, Assistant District Engineer			