



March 23, 2012

Dear Service Provider,

Please complete this form and fax it back to the attention of Connie Silva at 217-585-7762.

Current Rates per hour:

Increase Requested:

Labor: \$ _____

Labor: \$ _____

Travel: \$ _____

Travel: \$ _____

Travel Zone: \$(See Attached)

Travel Zones: \$(See Attached)

Overtime: \$ _____

Overtime: \$ _____

(Includes Sat. & Sun.)

(Includes Sat. & Sun.)

Holiday: \$ _____

Holidays: \$ _____

Brief reason for rate increase?

Please provide the following:

Company name: _____

Business Address: _____

Phone: _____ Fax: _____

City, State, Zip: _____

Email Address: _____

Billing Address: _____

(If different)

City, State, Zip: _____

Shipping Address: _____

(If different)

City, State, Zip: _____