

GENERAL SERVICES AGENCY SECURITY ESCORT REQUEST FORM

Date: _____ Escort Request ID # _____

Requester: _____ Agency/Department: _____

Contractor: _____ Unit: _____ Phase: _____

Activity: _____ Task: _____

Function: _____ Object: _____

Location: _____ Program: _____ Dept. Obj.: _____

PLEASE COMPLETE ONE LINE PER DAY

			Estimated			Actual		
Date	Start Time	End Time	# of Guards	# HRS/Guard	Total	# of Guards	# HRS/Guard	Total
*NOTE: In case of problems please contact Security Operations Manager at 654-3816. Premium Rate is less than 48 hour notice			Total Hours Requested:			Total Hours Worked:		
			Regular Rate \$80.16 X total hours			Regular Rate \$80.16 X total hours		
			Premium Rate \$120.23 X total hours			Premium Rate \$120.23 X total hours		
			Total Estimated Cost of Escort:			Total Actual Cost of Escort:		

It is the responsibility of the guard to show up on time in uniform with proper personal gear, keys and other materials as needed for the job, and to execute the instructions given.

Special Instructions: _____ (please be specific)

CONTACT INFORMATION

This person will be contacted for any problems, questions, or incidents with the escort.

Project Manager/
Contact Name: _____ Agency/Dept.: _____

Work Phone: _____ Cell Phone: _____

VENDOR CONFIRMATION

I confirm that Security Escort services were provided as instructed.

Signature: _____ Date: _____

Print name: _____ Company: _____

SECURITY GUARD CONFIRMATION

I confirm that I provided the services as noted above in the **actual hours** section above.

Signature: _____ Date: _____

Print name: _____