

ATTACHMENT A PRICE SHEET
ITN21JL-134 SIGN LANGUAGE INTERPRETER SERVICES

VENDOR NAME: _____

	PROPOSED UNIVERSITY OF FLORIDA PRICING
Hourly Rate (in person)	
Hourly Rate (virtual)	
After Hours & Weekend Rate (in person)	
After Hours & Weekend Rate (virtual)	
Travel Rate (if applicable)- please include where the translator(s) are traveling from	
Preparation Time	
Late Cancellation Charge	
No-Show Charge	
Rush Scheduling Fee (if applicable)	

ADDITIONAL DISCOUNTS:

1. Do you offer a tiered hourly rate that decreases if UF reaches a certain spend threshold?

Yes or No (Circle one). If Yes, please provide pricing details

PAYMENT TERMS: _____ % _____ DAYS (OR NET 30)

Additional discount- : _____ % _____ Days

Are you registered as a small diverse business? Yes or No (Circle one).