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To: Carrie Matthews

Date: 3/5/15

Email cmatthews@yrmc.org

Contact Phone Number: 928-771-5680

Re: ISI Service Request # 413922 Customer: Yavapai Regional Medical Center

Bill to Address: __1003 Willow Creek Rd, Prescott AZ 86301_____

Site #:42345

Please complete this form and return it by FAX in lieu of issuing your company purchase order.

I understand that the services or assistance that I have requested on this service request may be chargeable to my company. In consideration for ISI's willingness to waive their standard purchase order requirement, I hereby authorize, and agree to be responsible for proper payment of, any resulting standard charges for these services to be billed to my company by ISI.

Estimated Charges (These are estimates only. **Actual** labor and expenses will be billed.)

\$_____ Labor Charges

(Rate: \$190.00 for the first ½ hr., Estimated Hours:_____1_____)

(Rate: \$85.00 each additional ½ hr., Estimated Hours :_____)

\$_____ Travel Time Charges (Rate: _____, Estimated Hours :_____)

\$_____ Airfare \$_____ Hotel \$_____ Car/Mileage

\$_____ Meals

\$_____ Parts/Equipment _____

Printed Name: Carrie Matthews

Signature: *Carrie Matthews*

When complete, send back via FAX to:

ISI Telemanagement Solutions, Inc.

Attn: Tom Garza in TAC

FAX 866 337-1821 International Fax 212-500-3388