**Itinerary**

**End Client Contact Information:**

Work Location: 15050 Capital One Dr, Henrico, VA 23238

            End Client**:     Capitalone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

End Client Address: \_15050 Capital One Dr, Henrico, VA 23238 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

            End Client Contact: \_Dana Monday\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

            Phone: \_8043932532\_\_\_\_\_\_\_\_\_\_\_\_\_

**Middle Vendor/MSP Contact Information: If there are more layers, please add that information. If this is a direct relationship and there is no middle vendor, please delete the highlighted portion.**

Middle Vendor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Middle Vendor Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Middle Vendor Contact:

Phone:

**Supervisor of the H-1B Petitioner:**

Phone:

Project Name:

Start Date: Upon Receipt of USCIS Authorization

 End Date: Until the USCIS Authorization   

Job Title and Name of the H-1B Beneficiary:

The relationship between \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of the end client) and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of the H-1B petitioner) is contractual. \_\_\_\_\_\_\_\_\_\_\_\_\_\_, (name of the H-1B petitioner),  has the right to control the work performed by its employee and has the right to remove assigned employee, as long as it provides appropriate replacement. The Petitioner is responsible for paying wages, benefits to its employee, performance review, promotion, termination, and task assignments.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name/Title: