

Temporary Staff Order Form



Event Name:					
E-Mail:		Phone:		Fax:	
		Reques	ted Hours		
Date:	From:	To:	=	Total Hours:	
Date:	From:	To:		Total Hours:	
Date:				Total Hours:	
Date:		To:	=	Total Hours:	
Date:		To:	=	Total Hours:	
Date:	From:	To:	=	Total Hours:	
Date:	From:	To:	= Total Hours:		
Date:	From:	To:		Total Hours:	
Date:				Total Hours:	
Date: From:				Total Hours:	
Date:	From:	To:	=	Total Hours:	
	Security Type	Hours	Advance Rate (9/20)	On Site Rate	Total
Temporary Staff			\$35.00	\$45.00	
	erial & equipment furnished by LSS for Il be handled by LSS personnel only. Cr		Sub Total		
equip	oment or personnel ordered and not u	sed.	If paying by debit or credit add 3.5%		
			Total Due		
		Post Ins	structions		
Ple	ease provide a brief description of any de	etails that need to be passed	to guard assigned to booth. Pleas	se note any items of particular cond	cern.
		D	. f C		
		Payment	nformation		
Discover & American Express as	 Your signature on this form authorizes LS s credit card payment options via mail or philence fee goes to Lincoln Security Services 	one. Please note that payment			
If naving by che	If paying by check, mail to: Lincoln Security Services, 6735 W Archer Ave., Chicago, IL 60638				nirez@lincolnsecurityllc.com