



ORLAND PARK
PROPOSAL SUMMARY SHEET
RFP # 20-007
Municipal Payroll and Article 3 Pension Fund
Consulting Services

IN WITNESS WHEREOF, the parties hereto have executed this proposal as of date shown below.

Organization Name: _____

Street Address: _____

City, State, Zip: _____

Contact Name: _____

Phone: _____ Fax: _____

E-Mail address: _____

	Rate Per Hour *	Estimated Hours/Payroll	Total Estimated Cost/Payroll
Biweekly Payroll Services			
Innorpise	\$ _____	_____	\$ _____
UltiPro	\$ _____	_____	\$ _____

	Rate Per Hour *	Estimated Hours	Total Estimated Cost
Year End Processes	\$ _____	_____	\$ _____

* Rate per hour may be stated as an average rate based on personnel involved
 Please include a standard rate sheet by staff position.

Signature of Authorized Signee: _____  _____

Title: Partner _____

Date: _____

ACCEPTANCE: This proposal is valid for ninety (90) calendar days from the date of submittal.