

STATE OF NEW MEXICO RMP – COOPERATOR AMBULANCE RATE SHEET

1. ORDERING OFFICE/ADMINISTRATIVE OFFICE FOR PAYMENT (name and address)		AGREEMENT NUMBER MUST APPEAR ON ALL PAPERS RELATING TO THIS RATE SHEET				
		2. AGREEMENT NUMBER JPA		3. EFFECTIVE DATES a. Beginning _____ b. Ending _____		
4. COOPERATOR (name and address) b. TIN: _____		5. I-SUITE CODING 6. THE WORK RATE IS BASED ON ALL OPERATING SUPPLIES FURNISHED BY <input type="checkbox"/> COOPERATOR <input type="checkbox"/> GOVERNMENT				
c. Telephone Number (day) _____	d. Telephone Number (night) _____	7. WORK RATE IN BOX 11 & 12 <input type="checkbox"/> STAFFED RATE <input type="checkbox"/> UNSTAFFED RATE				
8. TYPE OF COOPERATOR ("X" appropriate boxes) <input type="checkbox"/> MUNICIPAL <input type="checkbox"/> COUNTY						
9. ITEM DESCRIPTION (include make, model, year, serial number and accessories)	10. NUMBER OF OPERATORS	11. WORK OR DAILY		12. SPECIAL		13. GUARANTEE (8 or more hours)
		a. rate	b. unit	c rate	d. unit	
a.						
b.						
c.						
d.						
14. SPECIAL PROVISIONS						
15. FISCAL OR AUTHORIZED AGENT'S SIGNATURE	16. DATE	17. FORESTRY DIVISION AUTHORIZED SIGNATURE			18. DATE	
19. PRINT NAME AND TITLE			20. PRINT NAME AND TITLE			