

**HARRIS COUNTY
REQUEST FOR PROPOSAL
Cover Sheet**

JOB NO. 03/0079
Date Due: March 4, 2003
DUE NO LATER THAN 9:00 A.M. C.S.T.

**Proposals received later than the date
and time above will not be considered.**

**PROPOSAL FOR: Third Party Administration of Workers' Compensation Claims for the Harris
County Hospital District**

OFFERORS NOTE!!

Carefully read all instructions, requirements and specifications. Fill out all forms properly and completely. Submit your proposal with all appropriate supplements and/or samples.

Please return proposal in the envelope provided or in a comparable size envelope. "ENVELOPE MUST SHOW THE JOB NUMBER, DESCRIPTION AND BE MARKED "SEALED PROPOSAL."

**RETURN PROPOSAL TO:
HARRIS COUNTY PURCHASING AGENT
1001 PRESTON AVENUE, SUITE 670
HOUSTON, TEXAS 77002**

For additional information, contact Vivian Groce at 713-755-2606

You must sign below in INK; failure to sign WILL disqualify the offer. All prices must be typewritten or written in ink.

Total Amount of Proposal \$ _____

Company Name: _____

Company Address: _____

City, State, Zip Code: _____

Taxpayer Identification Number (T.I.N.): _____

Telephone No. _____ FAX No. _____ e-mail _____

Print Name: _____

Signature: _____

Date: _____