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## UA Little Rock Financial Proposal Packet FB-24-032 Consulting Physician

## **CAUTION TO SUPPLIER**

Supplier's failure to submit required items and/or information as specified in the solicitation may result in disqualification.

All respondents are required to complete the following financial proposal. Please refer to FB-24-027 for additional information and requirements. **PLEASE NOTE: The financial proposal should be placed in a separate, clearly marked, and sealed envelope.** 

## **Budget Plans:**

- A. Complete the following information.
  - I. Total Projected Cost:

Using the table below, provide the total projected costs for consulting physician services. Firms may also submit their own pricing structure if the categories below are insufficient to estimate total projected cost.

ITEM DESCRIPTION	UNIT PRICE	EXTENDED AMOUNT
Monthly Retainer		
Hourly Rate		
Travel and Expenses		
Additional Fees		
TOTAL COST:		

The signature below signifies that the prospective supplopen and irrevocable after this period.	ier agrees that they will honor their proposal as being held
Authorized Signature:	Title:
Use Ink Only.	
Printed/Typed Name:	Date: