**Services Request**

Attachment 2 to Schedule 10 of the Security Services State Purchase Contract

This Services Request is submitted in accordance with clause 7.2 of the State Purchase Contract dated on or about [insert date](**State Purchase Contract**) between The State of Victoria through the Department of Government Services ABN 43 381 068 109 (**Lead Department**) and #insert Supplier’s full name# ABN #insert Supplier’s ABN# (**Supplier**).

| No | Item | Detail | |
| --- | --- | --- | --- |
|  | **Services Request number** | [Insert services request number] | |
|  | **State Purchasing Entity** | [Insert State Purchasing Entity’s name and ABN] | |
|  | **State Purchasing Entity’s notice particulars** | Address: | [Insert State Purchasing Entity’s address] |
| Email: | [Insert State Purchasing Entity’s email] |
| Addressee: | [Insert State Purchasing Entity’s addressee] |
|  | **POC Term** | POC Start Date: | [Insert POC Start Date] |
| POC initial term: | [Insert POC initial term] |
| POC extension period(s): | [Insert POC extension period] |
|  | **Nominated persons** | **Purchaser’s POC Contract Manager** | |
| Name: | [Insert Purchaser’s POC Contract Manager’s name] |
| Title: | [Insert Purchaser’s POC Contract Manager’s title] |
| Telephone: | [Insert Purchaser’s POC Contract Manager’s telephone] |
| Email: | [Insert Purchaser’s POC Contract Manager’s email] |
|  | **Security Services and Service Categories** | [Insert Security Services and Service Categories (including the quantity and grade level of Security Staff)] | |
|  | **Site(s)** | [Insert Site(s) at which the State Purchasing Entity requires the Security Services to be provided] | |
|  | **Deadlines and milestones** | [Insert any applicable deadlines or milestones relevant to the performance of the required Security Services and Service Categories, including the timeframe for preparing and approving a Transition Plan] | |
|  | **Service Levels** | [Insert Service Levels] | |
|  | **Service Rebates** | [Insert Service Rebates] | |
|  | **Key Persons** | [Insert the names of any Key Persons, otherwise state ‘Not applicable’] | |
|  | **Personnel** | [Insert the names of any Personnel required to provide particular services, or the certifications, qualifications or skills required of Personnel to provide such services, otherwise state ‘Not applicable’] | |
|  | **Site Manager** | [Insert any specific experience the Site Manager is required to have, otherwise state ‘Not applicable’] | |
|  | **Security Team Leader** | Required to be on Site at all material times  Not required to be on Site at all material times | |
|  | **Type of quote** | Fixed price  Time and materials | |
|  | **Benchmark Rate of Pay** | [Insert the Previous Supplier’s Benchmark Rate of Pay (see Schedule 5) if applicable, otherwise state ‘Not applicable’] | |
|  | **Adjusted Rate of Pay** | [Insert any Adjusted Rate of Pay committed to by the Previous Supplier and the date on which it comes into effect (see Schedule 5), otherwise state ‘Not applicable’] | |
|  | **Invoicing** | **Frequency** | |
| [Insert the frequency the Supplier is required to submit Tax Invoices (eg weekly, fortnightly or monthly)] | |
| **Address for invoice** | |
| [Insert the State Purchasing Entity’s address for invoices] | |
| **Payment** | |
| [Insert the method by which the State Purchasing Entity will pay invoices (eg cheque, transfer of funds etc)] | |
|  | **Bank Guarantee** | [Insert the Bank Guarantee amount, otherwise state ‘Not applicable’] | |
|  | **Purchaser Equipment** | [Insert description of equipment provided by the State Purchasing Entity to the Supplier, otherwise state ‘Not applicable’] | |
|  | **Insurance** | [Insert description of insurances the State Purchasing Entity requires the Supplier to maintain (eg ‘Commercial property insurance for an amount not less than the cost of replacing the Purchaser Equipment (if any)’), otherwise state ‘Not applicable’] | |
|  | **Meetings** | [Insert description of meetings to be conducted between the Supplier and the State Purchasing Entity during the POC Term, including attendees, frequency and purpose] | |
|  | **Purchaser Policies** | Annexed | |
|  | **Technical Specification** | Annexed | |
|  | **Other relevant matters** | [Insert any other relevant matters, otherwise state ‘Not applicable’] | |