

SITE VISIT VERIFICATION FORM

- Present this Site Visit Verification Form to the Arkansas State Hospital Administrator or Designee for signature upon completion of the Site Visit.
- Submit the original signed Site Visit Verification Form with your bid response.

This signed Site Visit Verification Form serves as verification that the Contractor or his/her representative named below was present and participated in the site visit as required by Competitive Bid 710-21-0016 for Food Services for the Arkansas State Hospital.

If my proposal is accepted, I agree to the terms and conditions outlined in the Invitation for Bid.

VENDOR'S INFORMATION	
Company Name:	
Supervisor/Owner's Printed Name:	
Signature:	
Date Walk-Thru Conducted:	
Time Walk-Thru Conducted:	

Signature Administrator or Designee

Date