pennsylvania
DEPARTMENT OF HUMAN SERVICES

Attachment A

PROOF OF VISIT FORM

IFB: 6100065990

Kitchen Equipment and Preventative Maintenance

Norristown State Hospital
1001 Sterigere Street
Norristown, PA 19401

Vendor Name: _____

Vendor Address: _____

_____

I visited the project site and reviewed the work to be completed prior to submitting a Bid Proposal.

Signature:_____ DATE:_____

Escorted By:

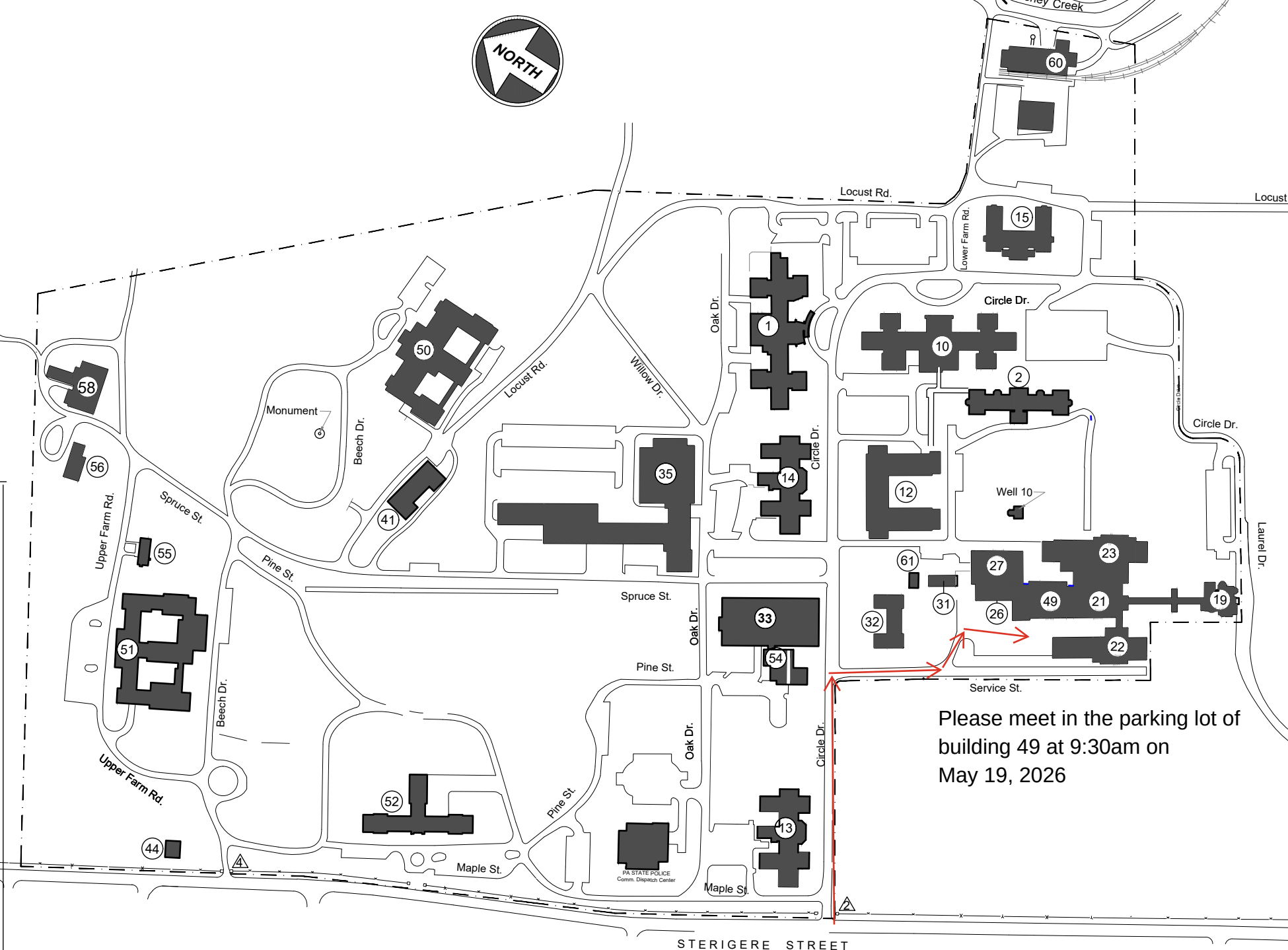
Facility Representative Signature:_____

Title: _____ Chief Operating Officer: _____

Date Escorted: _____

POC's for Site Visit: William Bogari; 267-831-2824; wbogari@pa.gov

NOTE TO BIDDER: A signed copy of this Proof of Visit form must be submitted with your Bid. Please maintain a copy for your records.


NORTH
Locust Rd.
Locust
Lower Farm Rd.
Circle Dr.
Oak Dr.
Willow Dr.
Beech Dr.
Monument
Spruce St.
Pine St.
Upper Farm Rd.
Laurel Dr.
Well 10
Service St.
Maple St.
PA STATE POLICE
Comm. Dispatch Center
STERIGERE STREET
Please meet in the parking lot of building 49 at 9:30am on May 19, 2026