pennsylvania
DEPARTMENT OF HUMAN SERVICES
BUREAU OF PROCUREMENT & CONTRACT MGMT

# PROOF OF VISIT

DEPARTMENT OF HUMAN SERVICES

IFB 6100062802 – Direct Care Staffing

**Vendor's Name:**_____

**Address:** _____

_____

**I visited the project site and reviewed the work to be completed prior to submitting a Quote.**

**Signature:**_____ **DATE:**_____

**Escorted By:**
**Facility Representatives**
**Signature:**_____

**Title:** _____

**Date Escorted:** _____

**Location Visited:** _____

**POC's for Site Visit:**

**Listed on Statement of Work**

**SPECIAL NOTE:**

**One signed copy of this Proof of Visit form must be returned with your bid. You must keep one copy for your records.**