

PROCUREMENT & SUPPORT SERVICES BUSINESS OPERATIONS

1600 Holloway Avenue, Corporation Yard 140 San Francisco, CA 94132

VERBAL PROPOSAL VERIFICATION FORM

Project Descrip	tion/Title:				
Please attach the written scope of work to this form.					
Date	Time	Contact Name	Vendor	Contact Telephone	Proposed Price*
*If any vendor's proposal deviates from or takes exception to the specification/scope, specify below:					
I hereby verify that the above information is correct:					
Signature			 Date		
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Name:					
Title:					
Dept.:					

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