RFx: 3000025236

**ATTACHMENT B -**

**JOBSITE VERIFICATION FORM**

**JOBSITE VISIT CERTIFICATION**

Vendor must contact ***Shannon Sutton*** ***at (225)-634-4420*** to schedule an appointment for inspection.

This signed statement certifies that the vendor named below has visited the jobsite(s) and is familiar with all conditions surrounding fulfillment of the specifications for this project.

Jobsite Location:

LA War Veterans Hospital

4739 Hwy 10

Jackson, LA 70748

Vendor’s Company Name

Vendor’s Signature Print Name

Agency Signature Print Name

Date

NOTE: This certification should be signed by vendor and Agency representative and should be submitted with the bid submission. A signed letter from the agency representative stating that vendor has visited the jobsite may be substituted for the above. **Failure to provide this form or a signed letter from an Agency representative shall eliminate your bid from consideration.**