Department of Employee Trust Funds

P.O. Box 7931

Madison, WI 53707-7931

**FORM F**

**Vendor References**

**RFP ETD0060 – Information Technology Audits and Consulting**

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| **Proposer Company Name:** Click or tap here to enter text. |

**Provide the requested information for four (4) or more companies for which you have provided services similar to those offered in your Proposal to the Department.**

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| --- | --- | --- | --- |
| Company Name: Click or tap here to enter text. | | | |
| Contact Person Name and Title: Click or tap here to enter text. | | | |
| Phone: Click or tap here to enter text. | Email address: Click or tap here to enter text. | | |
| Address: Click or tap here to enter text. | | | |
| City: Click or tap here to enter text. | | State: Click or tap here to enter text. | Zip Code: Click or tap here to enter text. |
| List of products/services you provided to this company: Click or tap here to enter text. | | | |

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| Company Name: Click or tap here to enter text. | | | |
| Contact Person Name and Title: Click or tap here to enter text. | | | |
| Phone: Click or tap here to enter text. | Email address: Click or tap here to enter text. | | |
| Address: Click or tap here to enter text. | | | |
| City: Click or tap here to enter text. | | State: Click or tap here to enter text. | Zip Code: Click or tap here to enter text. |
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| Address: Click or tap here to enter text. | | | |
| City: Click or tap here to enter text. | | State: Click or tap here to enter text. | Zip Code: Click or tap here to enter text. |
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| Contact Person Name and Title: Click or tap here to enter text. | | | |
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| Address: Click or tap here to enter text. | | | |
| City: Click or tap here to enter text. | | State: Click or tap here to enter text. | Zip Code: Click or tap here to enter text. |
| List of products/services you provided to this company: Click or tap here to enter text. | | | |