Department of Employee Trust Funds

P.O. Box 7931

Madison, WI 53707-7931

**FORM F**

**Vendor References**

**ETI0049 – 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 to that were similar to the services being 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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| 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. |