Department of Employee Trust Funds

P.O. Box 7931

Madison, WI 53707-7931

**FORM F**

**Vendor References**

**ETH0046 – Contract Compliance Audits for the Wellness and Disease Management Program**

**ETH0047 – Contract Compliance Audits for the Data Warehouse and Visual Business Intelligence Services**

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

**Provide the requested information for three (3) or more companies (not including ETF) for which you have provided services with requirements similar to the programs being offered in your Proposal.**

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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: | Email address: |
| 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: | Email address: |
| 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. |
| List of products/services you provided to this company: Click or tap here to enter text. |