

RFI FORM

Contractor Name: _____

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Send to: maria.cruz-thompson@va.gov

RFI (REQUEST FOR INFORMATION)			
PROJECT NO.:	664-14-427	RFI NO.:	1
PROJECT NAME:	Renovate Anatomical Pathology Lab	DATE REQUESTED:	
SOLICITATION NO.:	VA262-16-B-0608	REFERENCE:	
DRAWING:		SPECIFICATION SECTION:	
DESCRIPTION OF PROBLEM OR INFORMATION BEING REQUESTED			
Please be specific as possible:			
PROJECT MANAGER'S RESPONSE			
TRACKING NO.:		AMENDMENT NO.:	
VA PROJECT ENGINEER/MANAGER:		DATE:	