

RFQ ATTACHMENT - PAST PERFORMANCE QUESTIONNAIRE

Caribbean Healthcare Systems Puerto Rico Home Oxygen Services

Instructions: Vendor please complete this section and submit with your quote. List three company/contacts for recent and relevant home oxygen services or similar work completed by your organization.

Vendor's Name: _____ **Vendor's e-mail:** _____

Request for Quote: Home Oxygen Services (VA Caribbean Healthcare Systems)

Solicitation Number: VA248-17-Q-0371_2

1. Name of Company/Organization: _____

Name of Contact: _____

Telephone: _____ E-mail: _____

Contract Description: _____

Contract Period of Performance: _____

2. Name of Company/Organization: _____

Name of Contact: _____

Telephone: _____ E-mail: _____

Contract Description: _____

Contract Period of Performance: _____

3. Name of Company/Organization: _____

Name of Contact: _____

Telephone: _____ E-mail: _____

Contract Description: _____

Contract Period of Performance: _____

Please e-mail the completed questionnaire to:

ATTN: Camille Alderman, Contract Specialist
E-mail: Camille.alderman@va.gov

Work Phone: 813-972-2000 ext. 3133