



Verification of Services Form

FROM: (Business Name) _____

I certify that we have the equipment listed below in our shop and we are currently working on/or repairing the equipment(s) item.

Description of Equipment	Serial Number	Inventory Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

Vendor Representative, Please Print _____

Vendor Representative Signature _____

Date _____

MDWFP Employee Signature _____

Date _____