

Attachment A - Deliverable Acceptance Form

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| DELIVERABLE ACCEPTANCE FORM FOR: | Date: |
| Vendor Name Statement of Submission | |
| Detailed description of items for Acceptance | |

| Vendor Details | |
|----------------------------|--|
| Submitted by | |
| Name: | |
| Title: | |
| Signature of Vendor | |
| Date Delivered | |

| Change Order Details, if applicable | | | |
|-------------------------------------|-------------|---------------|----------|
| Change Order # | Description | Date approved | Comments |
| | | | |
| | | | |

| NYS Statement of Acceptance | | |
|-------------------------------------|---|---------------------------------------|
| <input type="checkbox"/> Accepted | <input type="checkbox"/> Accepted with Exceptions | <input type="checkbox"/> Not Accepted |
| Exceptions or Reason for Rejection: | | |
| Accepted by | | |
| Name: | | |
| Title: | | |
| Signature: | | Date: |