

Attachment A - Deliverable Acceptance Form

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: