

UTHEALTH VENDOR REPRESENTATION TO COMPLY WITH COVID-19 PROCEDURES

The undersigned UTHealth vendor (“Vendor”) acknowledges that The University of Texas Health Science Center at Houston (“UTHealth”) requires all vendors to comply with UTHealth’s COVID-19 policies. The undersigned Vendor acknowledges that it has received a copy of UTHealth’s policies and agrees to apply the same for the Vendor’s workers who provide services on UTHealth’s premises. The undersigned Vendor further agrees that it will continue to monitor and comply with UTHealth’s COVID-19 policies, as posted on UTHealth’s webpage at <https://www.uth.edu/news/covid19>, in response to the spread of the disease within our community.

Please provide completed representation form to UTHealth’s Assistant Vice President of Procurement Services at ProcurementServices@uth.tmc.edu.

Print Vendor Name: _____ Date: _____

Print Name of Owner or Officer: _____

Title: _____

Signature of Owner or Officer: _____