



Vendor Contact Tool

School: _____

Vendor	Phone	Email	Contract	Contract End Date	Contacted (✓)	By Whom	Date	Notes
			<input type="checkbox"/> Yes <input type="checkbox"/> No					
			<input type="checkbox"/> Yes <input type="checkbox"/> No					
			<input type="checkbox"/> Yes <input type="checkbox"/> No					
			<input type="checkbox"/> Yes <input type="checkbox"/> No					
			<input type="checkbox"/> Yes <input type="checkbox"/> No					



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