

VENDOR REPRESENTATIVE LETTER OF UNDERSTANDING

We, the undersigned, have been provided a copy of the Detroit Medical Center Policy on Relationship to Vendors, Policy No.: 2-MRMPRO 607.

We understand that it applies to all representatives and/or subcontractors of our firm as it pertains to business conducted by our firm and/or its subcontractors at the Detroit Medical Center.

We agree to abide by all policies and provisions stated in the Policy & Procedure.

Vendor Representative Name

Company Name

Signature

Address

City State Zip

Phone No.

Immediate Supervisor's Name

Title

Signature

Phone No.