



RESPONSE COVER FORM – Request for Proposals:

School Medicaid Reimbursement and Documentation Technology Platform

Company Name

Company Address

City

State

Zip Code

Name of Company Contact and Title

Telephone Number of Company Contact

Email Address of Company Contact

Outline all Services for which Company is providing a response:

If your company is chosen to complete a presentation, what is your preference of methods?

____ In Person

____ Virtual

How many attendees will be involved? ____

The individual signing below represents that the information provided in this response is accurate and complete, and that he/she is authorized to submit this response on the Company's behalf.

Authorized Individual Signature

Authorized Individual Printed Name and Title

Signature Date

Texas Association of School Boards

P.O. Box 400, Austin, Texas 78767-0400 • 12007 Research Blvd., Austin, Texas 78759-2439

512-467-0222 • 800-580-8272 • tasb@tasb.org • tasb.org