

**PAST PERFORMANCE REFERENCE LIST**  
Medical Translation and Liaison Services for 374th Medical Group, Yokota Air Base, Japan

1. Name of contracting activity (your customer)			
2. Name and title of point of contact (POC); Contracting Officer or/and Government Inspector/commercial project manager's phone/Fax number, and e-mail address	Tel: Fax: e-mail:	Tel: Fax: e-mail:	Tel: Fax: e-mail:
3. Contract number and project title			
4. Contract Type (e.g. Firm-Fixed Price, IDIQ, Requirements type)			
5. Total contract value (annual)			
6. Performance period (e.g. date/month/year through date/month/year)			
7. Description of contract work performed	<u>Details</u>	<u>Details</u>	<u>Details</u>
8. Contracting Officer's name and phone number			
9. Government Inspector/commercial project manager and phone number			
10. List of major subcontractors if applicable			

OFFEROR'S NAME (Company Name): \_\_\_\_\_