

## VENDOR PERFORMANCE EVALUATION FORM

Vendor:			Date:		
Address:			Prepared by:		
Commodity/Service:			Department:		
	Excellent (4)	Good (3)	Fair (2)	Poor (1)	Comments:
Service					
Delivers on Time					
Condition of Goods on Arrival					
Follows Instructions					
Number of Rejections					
Handles Rejections Promptly					
Handling of Complaints					
Technical Assistance					
Emergency Aid					
Furnishes Specially Requested Information					
Delivers Without Constant Follow-up					
Keeps Promises					
Past Reliability Record					
Technical Ability For Difficult Work					
Personal Preference					
Other (_____)					
Overall Rating By Using Agency					
Overall Rating By Purchasing					

**Instructions:**

1. Evaluate Vendor on items listed and check the appropriate columns. Some items may not apply.
2. Indicate Vendor's overall rating by checking the appropriate column.
3. If Vendor's overall rating is fair or poor, please explain under "Comments".
4. Return to the Office of Purchasing.