



Contract Number:		Effective Date:	
Renewals:	Review Period:	Expiration Date:	
Description:	Goods <input type="checkbox"/> Services <input type="checkbox"/> IT <input type="checkbox"/> Combo <input type="checkbox"/> If Combo, specify:		
Products/Services Received during review period:	Deliverables Evaluated During Review Period		
Supplier:			
Reviewed by:	Department/Facility:	Date:	

Delivery-Goods	Did not meet	Met	Exceeds	Not Applicable
a. Delivery made in accordance with requirement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Time of delivery appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Delivery made to correct destination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Proper method of delivery used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Authorized delivery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Product arrived in good condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Delivery-Services	Did not meet	Met	Exceeds	Not Applicable
a. Supplier completed within contracted amount and did not exceed budget	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Supplier completed deliverables (scope of work) as stated in the contract for the review period	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Supplier complied with all requirements and did not have any failures or remediation actions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. If failures or remediation required, Supplier responded promptly to correct and remedy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Supplier complied with all reporting requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Supplier response to Communications or Direction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Delivery Comments:
 Evaluator should complete this section with comments to support the scores provided above. Include examples of any issues that were resolved, overall satisfaction with the materials/services received from the Supplier, and the services/goods received on the contract.

Quality-Goods	Did not meet	Met	Exceeds	Not Applicable
a. Met Specifications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Any and all substitutes authorized	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Satisfactory workmanship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. System property left in good condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Material Safety Data sheets provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality-Services	Did not meet	Met	Exceeds	Not Applicable
a. Supplier exhibited knowledge and expertise necessary to perform deliverables required in the contract	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Supplier complied with policies and procedures outlined in the contract.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Supplier successfully managed the use of any subcontractors.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Supplier was sufficiently staffed to meet the needs of the contract.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Supplier provided staff with all necessary equipment and products to meet their contractual obligation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality Comments:				
Evaluators should complete this section with comments to support the scores provided above. Include examples of any issues that were resolved, overall satisfaction with quality of materials provided by Supplier, and the services/goods received on the contract.				
Other	Did not meet	Met	Exceeds	Not Applicable
a. Invoices matched purchase order	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Weight received in compliance with invoice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Correct quantity shipped and received	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Customer service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Overall Review Period Comments:		
Evaluators should complete this section with comments to support ratings provided above. Include examples of any issues that were resolved, overall satisfaction with the Supplier, and any other pertinent information related to the services/goods received, deliverables provided during this review period, and the ability of the Supplier to be considered for further work.		
Department/Facility:	Purchasing Agent Signature*	Date:
Department/Facility:	Department/Facility Administrator Signature*	Date:
	System Contract Administrator Signature	Date:
Recommend for Renewal:	Yes <input type="checkbox"/> No <input type="checkbox"/> Reason:	

*If applicable