

Vendor Performance Form

To be filled out on commodity or service purchases greater than \$25,000 or if there is a problem with a vendor.

PO Amount: _____ Division: _____ Evaluator's Name: _____ Evaluator's Phone #: _____

PO #: _____ Requisition #: _____ PO Date: _____ Class/Item or Contract ID: _____

Vendor ID# _____ Address: _____

Vendor Name: _____ City, State, Zip: _____

Vendor Contact: _____ Phone: _____

Vendor Email: _____ Fax: _____

If service/commodity was satisfactory, please check this box

If you have additional comments, provide them on page 3. Otherwise, print this page & send to Purchasing.

Delivery Issues

Must enter a Resolution Code (see pg. 2) if any Delivery Issues are checked.

- | | | |
|--|--|---|
| <input type="checkbox"/> Late Delivery | <input type="checkbox"/> Failure to deliver | <input type="checkbox"/> Delivery made at wrong destination |
| <input type="checkbox"/> 1st written notice issued for late delivery | <input type="checkbox"/> 2nd written notice issued for late delivery | |

Performance Issues

Must enter a Resolution Code (see pg. 2) if any Performance issues are checked.

- | | |
|--|--|
| <input type="checkbox"/> Failure to identify shipments per contract terms | <input type="checkbox"/> Failure to supply performance bond within required time |
| <input type="checkbox"/> Short/over weight or count | <input type="checkbox"/> Unsatisfactory installation |
| <input type="checkbox"/> Vendor shipped incorrect merchandise | <input type="checkbox"/> Service not performed within specifications |
| <input type="checkbox"/> Failure to replace damaged goods | <input type="checkbox"/> Incorrect invoices |
| <input type="checkbox"/> Slow replacement of damaged goods | <input type="checkbox"/> Failure to comply with requirements of HUB Subcontracting Plan (Give details in Performance Comments section) |
| <input type="checkbox"/> Improper product packaging | <input type="checkbox"/> Failure to provide proof of insurance or maintain insurance |
| <input type="checkbox"/> Failure to follow palletizing instructions | <input type="checkbox"/> Failure to provide report(s) |
| <input type="checkbox"/> Poor product performance | <input type="checkbox"/> Misrepresentation of qualifications (Give details in Performance Comments section) |
| <input type="checkbox"/> Failure to promptly notify of discontinued item | <input type="checkbox"/> Falsification of/ fraudulent submittals (Give details in Performance Comments section) |
| <input type="checkbox"/> Repair parts not available | <input type="checkbox"/> Failure of workforce to meet specifications |
| <input type="checkbox"/> Inspection - Receiving Agency | <input type="checkbox"/> Incorrect allocation of work (Give details in Performance Comments section) |
| <input type="checkbox"/> Failure to meet specifications (Give details in Performance Comments section) | <input type="checkbox"/> Failure to respond to emergencies as required (Give details in Performance Comments section) |
| <input type="checkbox"/> Poor customer service (Give details in Performance Comments section) | <input type="checkbox"/> Failure to close out project as specified |
| <input type="checkbox"/> Unauthorized substitution | <input type="checkbox"/> Certification not received on time |
| <input type="checkbox"/> Failure to comply with code of conduct as specified | <input type="checkbox"/> Other (Give details in Performance Comments section) |

Resolution Codes

Please enter at least one Resolution Code for Delivery or Performance issues selected on page 1.

Satisfactory Resolution Codes

(Does not negatively effect the score(s))

- Complaint withdrawn (Give details in Resolution Comments section)
- Item not specification via inspection
- Delivery made after vendor was notified
- Service meet specifications
- Performance corrected
- Material or item replaced
- Equipment performance corrected
- Invoice corrected
- Item canceled from contract (No fault of vendor)
- Item/entire order canceled
- Entire contract canceled (No fault of vendor)
- Order completed
- Correct shipment received
- Substitution approved by division
- Insurance requirements received
- Certification received
- Resolved & documented (No fault of vendor - Give details in Resolution Comments section)
- Vendor failed to receive purchase order on item (Agency or postal fault)
- Other (Give details in Resolution Comments section)

Resolution Date:

Unsatisfactory Resolution Codes

(Negatively effects the score(s))

- Late delivery
- Vendor failed to receive purchase order on time
- Damages assessed
- Failure to pay assessed damages
- Shipment rejected (Give details in Resolution Comments section)
- Item canceled from contract (Vendor failure - vendor initiated)
- Item canceled from contract (Vendor failure - division initiated)
- Entire contract canceled (vendor fault)
- Damages paid
- Order not complete (Give details in Resolution Comments section)
- Manufacturer fault (Give details in Resolution Comments section)
- Resolved & documented (Vendor fault - Give details in Resolution Comments section)
- Substitution not approved by awarding agency
- Item/entire order canceled (vendor fault)
- Delivery order not corrected by vendor
- HUB Subcontracting plan rejected
- Failure to provide required documentation (Vendor fault)
- Vendor failed to respond to complaint
- Other (Give details in Resolution Comments section)

Exceptional Performance

- Shipment made early upon division request
- Product upgrade substitution suggested & accepted at no additional cost
- Exceptional customer service response
- Exceptional service provided for return of products
- Provided technical/training/set-up assistance when not required
- Voluntary price reduction for large order
- Vendor commended

Comments Section

Performance Comments (be specific):

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Resolution Comments (be specific):

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Exceptional Comments (be specific):

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