



Vendor Performance Evaluation

Employee Name: _____ Campus/Dept.: _____

Vendor Name: _____ Vendor # _____

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Please check all that apply and then click Submit

Delivery

- | | |
|---|--|
| <input type="checkbox"/> Late delivery | <input type="checkbox"/> Failure to deliver |
| <input type="checkbox"/> Delivery made at wrong destination | <input type="checkbox"/> Delivery successful |
| <input type="checkbox"/> Other: _____ | |

Shipment

- | | |
|--|---|
| <input type="checkbox"/> Failure to identify shipments | <input type="checkbox"/> Failure to pick up incorrect shipment |
| <input type="checkbox"/> Improper product packaging or palletizing | <input type="checkbox"/> Short/over (weight or count) |
| <input type="checkbox"/> Vendor shipped incorrect merchandise | <input type="checkbox"/> Shipment properly package and accurate |
| <input type="checkbox"/> Other: _____ | |

Product

- | | |
|---|--|
| <input type="checkbox"/> Failure to meet specifications | <input type="checkbox"/> Poor product quality and/or performance |
| <input type="checkbox"/> Product meets specifications | |
| <input type="checkbox"/> Other: _____ | |

Customer Service

- | | |
|---|---|
| <input type="checkbox"/> Failure to replace damaged goods | <input type="checkbox"/> Failure to notify district of item discontinuation |
| <input type="checkbox"/> Failure to respond to letter, phone call, or email | <input type="checkbox"/> Failure to supply performance bond |
| <input type="checkbox"/> Failure to provide proof of insurance | <input type="checkbox"/> Failure to maintain insurance |
| <input type="checkbox"/> Failure to provide report(s) | <input type="checkbox"/> Failure to close out project as specified |
| <input type="checkbox"/> Incorrect invoices | <input type="checkbox"/> Repair parts not available |
| <input type="checkbox"/> Slow replacement of damaged goods | <input type="checkbox"/> Service not performed within specifications |
| <input type="checkbox"/> Poor customer service | <input type="checkbox"/> Unauthorized substitution |
| <input type="checkbox"/> Provides sufficient customer service | |
| <input type="checkbox"/> Other: _____ | |

Work Product

- | | |
|--|--|
| <input type="checkbox"/> Failure of workforce to meet specifications | <input type="checkbox"/> Failure to comply with terms of contract |
| <input type="checkbox"/> Falsification of/fraudulent submittals | <input type="checkbox"/> Failed inspection |
| <input type="checkbox"/> Incorrect allocation of work | <input type="checkbox"/> Misrepresentation of qualifications |
| <input type="checkbox"/> Unsatisfactory installation | <input type="checkbox"/> Installation/workforce meets expectations |
| <input type="checkbox"/> Other: _____ | |

Please provide details on all issues selected above