

# VENDOR PERFORMANCE EVALUATION

(Subscriptions, Product Orders, Professional Services)



The Grambling State University Purchasing Department is requesting feedback to determine if contracts with approaching expiration dates should be renewed or new bids solicited. If you can provide input as to the performance of the vendor, quality of the merchandise, the effectiveness of the contract, or modifications needed, please complete this form and submit it to the purchasing. List suggestions and any additional comments on how we can improve the contract in the comments space provided below. Your feedback is very important to us and we appreciate your assistance in determining the future of the contract(s). This form is designed to collect information prior to bidding or renewing of services from existing contractors or vendors.

Dept. Name: \_\_\_\_\_ Name & Title of Evaluator: \_\_\_\_\_

Email Address \_\_\_\_\_ Evaluator's Telephone No.: \_\_\_\_\_

Contract No.: \_\_\_\_\_ Contract Amount: \_\_\_\_\_ Vendor(s) : \_\_\_\_\_

Contact Amount \_\_\_\_\_ Contract Begin Date: \_\_\_\_\_ Contract End Date: \_\_\_\_\_

**INSTRUCTIONS:** Please complete each section and provide as much detail as possible. Your feedback will assist in identifying deficiencies with current vendors and will also help to improve our vendor quality of service and experience. Should you need assistance with completing this document, please contact the University's Compliance or Purchasing department.

**Purpose of Contract:**

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**Deliverables:**

What were the deliverables?	
Were they delivered on time?	
Were they usable/effective? If so, how? If not, why not?	
What Problems did you encounter?	

**Weak Points:**

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**Strong Points:**

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**Overall Contractor Performance Rating:**

Very Satisfactory       Satisfactory       Needs Improvement       Poor

Would you hire this contractor again?      Yes       No

**Additional Comments:**

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**Departmental Signature:**

_____ <b>Evaluator's Signature</b>	_____ <b>Date</b>
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