

SCHOOL BOARD OF ALACHUA COUNTY¹

Vendor Performance Evaluation Form

GOODS **SERVICES**

INCIDENT REPORT² **LONG-TERM PERFORMANCE EVALUATION**³

EVALUATOR

NAME:	TITLE:
SCHOOL/DEPARTMENT	TELEPHONE NUMBER:

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1. Date services were rendered: ___/___/___ - ___/___/___
 2. Purchase Order number: _____
 3. Vendor Name: _____
 4. Did the vendor/equipment/service arrive on site as scheduled? Yes No
 5. Were the vendor's employees courteous? Yes No
 6. Were the vendor's employees dressed appropriately? Yes No
 7. Please circle the appropriate answer. If you circle 1, 2, or 4, please provide a detailed explanation in the spaces provided below.

1	Did not meet minimum performance requirements
2	Met minimum performance requirements, substantial improvements desirable
3	Met minimum requirements
4	Exceeded minimum requirements

Explanation: _____

¹ Please forward this form to the SBAC PURCHASING DEPARTMENT via fax at 955-7486 or truck mail

² To report one-time vendor performance incident

³ To evaluate and report vendor performance over an extended period of time (1-12 months)

Did you attempt to resolve the problem(s) with the vendor? Yes No

How was the complaint(s) resolved?

Please attach additional documentation as necessary to this form for a complete explanation of the vendor's performance.