



VENDOR PERFORMANCE FORM

This Vendor Performance Form facilitates the requirement to track vendor performance and also provides a means for the reporting of both exceptional and unsatisfactory performance. You must send a copy of this form to the Purchasing department. Also Keep a departmental copy for your records.

1. Select Only One: Commodity Purchase ___ Service Purchase ___
2. Purchase order number : _____
3. Purchase order date: _____
4. Vendor Information:
 - a. Vendor Name: _____
 - b. Vendor Number: _____
 - c. Contact Name: _____
 - d. Phone number (include area code) _____
 - e. Fax number (include area code) _____
 - f. Email address: _____
5. Department Information
 - a. Department Name: _____
 - b. Contact Name: _____
 - c. Contact Phone Number: _____

*Please include any copies of letters, emails, or faxes relevant to this vendor's performance.

Canutillo Independent School District does not discriminate on the basis of race, color, national origin, sex, age, or disability in its employment practices or in providing education services, activities, and programs, including vocational programs. For additional information regarding Canutillo Independent School District's policy of nondiscrimination contact: Martha Carrasco, (915) 877-7423, 7965 Artercraft Road, El Paso, Texas 79932.

PERFORMANCE ISSUES

EXCEPTIONAL PERFORMANCE

- | | |
|--|--|
| <input type="checkbox"/> Shipment made early upon request | <input type="checkbox"/> Provided technical/training/set-up assistance when not required |
| <input type="checkbox"/> Product upgrade substitution suggested and accepted at no additional cost to the District | <input type="checkbox"/> Voluntary Price reduction for large order |
| <input type="checkbox"/> Exceptional customer service response | <input type="checkbox"/> Vendor commended |
| <input type="checkbox"/> Exceptional service provided for return of products | <input type="checkbox"/> Vendor was courteous and responded to our needs quickly |
| <input type="checkbox"/> Vendor provided answers timely and efficiently | <input type="checkbox"/> Vendor corrected billing mistake efficiently |
| <input type="checkbox"/> Vendor provided corrected invoice in a timely manner | <input type="checkbox"/> List below other comments if necessary |

Comments: _____

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ADVERSE PERFORMANCE

- | | |
|---|---|
| <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"/> Failed inspection |
| <input type="checkbox"/> Failure to pick up incorrect shipment | <input type="checkbox"/> Failure to comply with terms/conditions of contract. |
| <input type="checkbox"/> Improper product packaging | <input type="checkbox"/> Failure to supply performance bond within required time |
| <input type="checkbox"/> Failure to follow palletizing instructions | <input type="checkbox"/> Failure to provide proof of insurance or maintain insurance |
| <input type="checkbox"/> Poor product performance | <input type="checkbox"/> Failure to provide report(s) |
| <input type="checkbox"/> Failure to promptly notify CISD concerning manufacturer discontinuation of an item | <input type="checkbox"/> Misrepresentation of qualifications (Give details below) |
| <input type="checkbox"/> Repair parts not available | <input type="checkbox"/> Falsification of/fraudulent submittals (Give details below) |
| <input type="checkbox"/> Failure to meet specifications (Give details below) | <input type="checkbox"/> Failure of workforce to meet specifications |
| <input type="checkbox"/> Poor product quality | <input type="checkbox"/> Incorrect allocation of work (Give details below) |
| <input type="checkbox"/> Failure to respond to letter, phone call, or email | <input type="checkbox"/> Failure to respond to emergencies as required (Give details below) |
| <input type="checkbox"/> Poor customer service (Give details below) | <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 provide fingerprinting and employee background checks | <input type="checkbox"/> Failure to comply with code of conduct as specified |
| <input type="checkbox"/> Late Delivery | <input type="checkbox"/> Failure to follow District Procedures (Give details below) |
| <input type="checkbox"/> Failure to meet bid requirements (Give details below) | <input type="checkbox"/> Other (Give details below) |
| <input type="checkbox"/> Failure to complete job on time | |

Other: _____

