

**DEPARTMENT OF FINANCE AND ADMINISTRATION  
OFFICE OF STATE PROCUREMENT**

**VENDOR PERFORMANCE REPORT**

A vendor performance report must be completed by all state agencies for contracts that have a total initial contract amount or a total projected contract amount, including any amendments and possible extensions, of \$25,000 or more. The report must be completed at least one (1) time every three (3) months for the entire term of the contract and at the end of the contract.

**Agency Number/Name:** \_\_\_\_\_

**Bid Number:** \_\_\_\_\_  
(OSP's SP# or Agency's bid number)

**Contract Document Number:** \_\_\_\_\_  
(PO, OA, Other)

**Contract Monitor Name:** \_\_\_\_\_

**Vendor Name:** \_\_\_\_\_

**Contract Monitor Email Address:** \_\_\_\_\_

**Vendor Tax ID:** \_\_\_\_\_

**Contract Monitor Phone Number:** \_\_\_\_\_

**Vendor Email Address:** \_\_\_\_\_

**Date of Rating:** \_\_\_\_\_

Rating Categories	Below Standard	Standard	Above Standard
Customer Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Delivery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pricing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Overall Rating:** \_\_\_\_\_

A below standard rating requires explanation and documentation.

**Comments:**

**Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_  
(Director or Authorized Designee)

**Name of Director or Designee:** \_\_\_\_\_

Once the signed report has been submitted, it will be reviewed by OSP. OSP will submit the below standard vendor performance report to the vendor.