



Vendor Performance Report

Complete this form to report exceptional or unsatisfactory vendor performance. Send a copy to Purchasing. Be sure to save a copy for your records. Type or use ball point pen.

Purchase Order No.	Date Issued	Bid/RFCSP No.	For BISD Records	
			Request BISD Take Necessary Action	
Campus/Department			Vendor Name and Address	
Report Initiated By: (Name) _____ Title: _____ Date: _____				
E-Mail: _____ Phone: _____ Fax: _____				
Nature of Report: <i>(Please check all boxes that apply.)</i>				
<input type="checkbox"/> Exceptional performance <i>(explain below)</i>	<input type="checkbox"/> Unauthorized substitution	<input type="checkbox"/> Services not performed according to specifications		
<input type="checkbox"/> Late delivery	<input type="checkbox"/> Unsatisfactory installation work	<input type="checkbox"/> Merchandise not properly labeled		
<input type="checkbox"/> Unauthorized delivery	<input type="checkbox"/> Received in damaged condition	<input type="checkbox"/> Invoice incorrect		
<input type="checkbox"/> Inferior defective merchandise	<input type="checkbox"/> Overshipment	<input type="checkbox"/> Grade or inspection evidence missing		
<input type="checkbox"/> Does not meet specifications	<input type="checkbox"/> Undershipment	<input type="checkbox"/> Other <i>(explain below)</i>		
Detailed Explanation: <i>(Please be specific and attach additional sheets if more space is needed.)</i>				
Describe any action taken regarding this report: <i>(Attach additional sheets if more space is needed.)</i>				
Purchasing Response: Upon receiving a copy of this report, Purchasing responded in the following manner:				
Purchasing Response Completed By:				
_____	_____	_____	_____	_____
Name	Title	Phone No.	Date	