

Angelo State University Vendor/Contractor Performance Form

Instructions: This form is required to be prepared by the Contract Monitor and then submitted to Contract Administration, ASU Station #11037.

What type: Professional Services Consultant Commodity Lease

Part I – GENERAL CONTRACT DATA				
Contract No (not project number).	Contract Date	Today's Date		
To: Vendor Name, Address, Fax number, VID Number.		From: Department Name and Address (please include contact name, phone number, and e-mail address).		
<u>Description and location of work:</u>				
<u>FISCAL DATA</u>	<u>Amount of original contract:</u>	<u>Amount of Modifications (+ or -)</u>	<u>Liquidated Damages Assessed (if any)</u>	<u>Net Amount Paid to the Contractor</u>
<u>SIGNIFICANT DATES</u>	<u>Date of Award</u>	<u>Original Contract Completion Date</u>	<u>Revised Contract Completion Date</u>	<u>Date Work Accepted</u>
<u>Type and Extent of Subcontracting</u>				
Part II – PERFORMANCE EVALUATION OF CONTRACT				
<u>PERFORMANCE ELEMENTS</u>	<u>OUTSTANDING</u>	<u>SATISFACTORY</u>	<u>LESS THAN SATISFACTORY</u>	<u>UNACCEPTABLE</u>
Quality Of Work				
Timely Performance				
Effectiveness Of Management				
Compliance With Labor Standards				
Compliance With Safety Standards				
Overall Evaluation				
Detailed explanation (Please be specific; attach additional sheets if required):				
Completed by Signature	Title	Phone No.	Date	

Administrative Head or assigned Contract Monitor

Office of Materials Management Signature

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For less than satisfactory evaluations or unacceptable evaluations, a copy will be submitted to the Contractor/Vendor. Supporting documentation of correspondence with Contractor/Vendor shall be attached to this evaluation form for record.