

EXTERNALLY-SOURCED SERVICES SUPPLIER PERFORMANCE RATING SHEET

Name of Supplier:				Period Covered:	
CRITERIA	5 EXCELLENT	4 VERY SATISFACTORY	3 SATISFACTORY	2 UNSATISFACTORY	1 VERY UNSATISFACTORY
DELIVERY Ability to meet delivery schedule	□Delivered good/s ahead of the original schedule	☐ Delivered good/s on the original schedule	☐ Delivered goods on the adjusted schedule approved by the procuring entity	☐ Delivery schedule was not met. Supplier failed to issue notice or request for extension of delivery period	☐ Supplier cancelled the delivery of the goods or refuse to deliver contracted goods
QUALITY Quality of Service/ Product	☐ Item/s delivered is way above the minimum specification	☐ The item/s functioned more than the expectation of the end- user	Good/s served the purpose of the requirement or functioned well according to the end-user's expectation	☐ The good/s did not function based on the minimum requirement	☐ Item/s specification was not according to the minimum requirement indicated in the contract
COMPLETENESS Sufficient Quantity	☐ Good/s delivered is 100% complete as per quantity with freebie	☐ Good/s delivered is 100% complete as per quantity	☐ Completed the delivery of good/s by portion	Delivered only more than 50% of the items <i>in</i> the PO	Delivered less than 50% of the items in the PO
HANDLING COMPLAINT Mobility to Complaint	□With prompt /immediate action	☐ Action taken two (2) to three (3) days after the Report	☐ Action taken four (4) to five (5) days after the Report	☐ Action taken up to 10 W.D. after receiving the report.	☐ No action taken after 10 days
GEN. AVE.	FINAL	Where E (Excelle	ent) =	5.0	PASSING MARK
SCORE		VS (Very Sa S (Satisfac U (Unsatis VU (Very Unsatisfactor	ctory) = sfactory) = =	Below 5.0 to 4.0 Below 4.0 to 3.0 Below 3.0 to 2.0 Below 2.0	3
FINAL REMARKS: □ LISTED (Supplier's Accreditation is maintained) □ CONDITIONAL (With one below Passing Mark) □ DELISTED (Disqualified and removed from the list of approved/accredited vendors) NOTE: May apply for re-accreditation after three months has elapsed.					
PREPARED BY:		DATE:	APPROVED BY		DATE:
(Signature Over Printed Name)			(Signature Ove	r Printed Name)	