

PINELLAS COUNTY SCHOOLS
VENDOR PERFORMANCE REPORT

School / Department Submitting Report: _____

Name of Person Reporting: _____

Job Title / Cost Center: _____ / _____

Phone: _____ Fax: _____ E-mail: _____

Vendor Name: _____ TERMS Vendor # _____

Vendor Location / Address: _____

Vendor Phone Number: _____ Vendor Fax Number: _____

Vendor E-mail Address: _____

Vendor Contact Name / Title: _____

Purchase Order #: _____ Bid Number # _____

Buyer's Name: _____

VENDOR COMPLIMENTS (Provide Details Below)

VENDOR COMPLAINTS (Check all that apply)

- | | | | |
|--|-----|------------------------------------|-----|
| Delivery Problem | ___ | Failed To Replace Damaged Goods | ___ |
| Won't Return Calls / E-mails | ___ | Installation Problem | ___ |
| Received Wrong Items | ___ | Incorrect Invoice | ___ |
| Items Did Not Meet Specifications | ___ | Warranty Problem | ___ |
| Poor Job Performance | ___ | Merchandise / Service Poor Quality | ___ |
| Received Damaged Goods (contact carrier directly for claim) | ___ | Vendor Lost Purchase Order | ___ |
| Other (Details Required Below): | ___ | | |
