

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<br>(contact carrier directly for claim) | ___ | Vendor Lost Purchase Order         | ___ |
| Other (Details Required Below):                                | ___ |                                    |     |

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_