Date:

Supplier / Contractor Evaluation Form

Name :

Evaluation Period :

Evaluation Date :

Evaluation Criteria:

No.	Supplier / Contractor	OP (1 -4)	P (1-4)	WQ (1-4)	SPEC (1-3)	SVP (1-4)	Remarks (if any score ≤2)

Note: Where any evaluation criterion is scored 2 or below, the Requesting Officer shall provide remarks to support the evaluation.

Legend:				
Overall performance (OP)	**Punctuality (P)**	**Work quality (WQ)**	**Specification (SPEC)**	**Service performance versus price (SVP)**
1 - Less satisfactory	1 - Does not comply with time	1 - Not satisfactory	1 - Not comply with specification	1 - Not satisfactory
2 - Satisfactory	2 - Partially comply	2 - Less satisfactory	2 - Partially comply	2 - Less satisfactory
3 - Good	3 - Comply on time	3 - Satisfactory	3 - Comply with specification	3 - Satisfactory
4 - Excellent	4 - Delivery before date	4 - Excellent		4 - Excellent

Overall Comments:

_____

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Declaration

I certify that the above evaluation is based on my experience and observation during the evaluation period and has been completed objectively.

Evaluated By:

Name :
Designation :
Date :

Verified By:

Name :
Designation :
Date :