

SUPPLIER PERFORMANCE REPORT

GENERAL INFORMATION																								
NAME:				TELEPHONE #:				EMAIL:						DATE:										
DEPARTMENT NAME:										AGENCY ORDER #:														
CONTRACTOR NAME:										LEVERAGED PROCUREMENT AGREEMENT #:														
<i>(check all applicable boxes)</i>																								
DELIVERY DATE(S)		DELIVERY								SPECIFICATION						CONSEQUENCES				ACTIONS				
Purchase Order Required Delivery Date(s)	Actual Delivery Date(s)	Compliant	Late	Early	Partial	Short	Over	Non-Delivery	Other <i>(explain in comments)</i>	Compliant	Poor Quality	Wrong Brand	Wrong Product	Marking/Packaging	Palletization	Other <i>(explain in comments)</i>	Operational Changes	Unscheduled Overtime	Emergency Purchase(s)	Excessive Admin. Time	Other <i>(explain in comments)</i>	Accepted	Rejected	Other <i>(explain in comments)</i>
COMMENTS: <i>Include all applicable information (issue, event, date, time)</i>																								

Return completed form with any applicable attachments to the DGS Buyer/Contract Administrator:

DGS - Procurement Division
 Acquisitions & Contracts Section
 707 3rd Street, 2nd Floor, MS 201
 West Sacramento, CA 95605
 Facsimile: (916) 375-4613