



PURCHASING DEPARTMENT
P. O. Box 9534
(225) 771-4580
(225) 771-2026 (FAX)

Memorandum #0701

TO: ALL EMPLOYEES

FROM: LINDA A. ANTOINE
DIRECTOR OF PURCHASING

DATE: JULY 1, 2012

**RE: PERFORMANCE EVALUATION
(Professional Services Contract)**

In accordance with the Louisiana Revised Statutes 39:1490B, 39:1500, Rules and Regulations of the Office of Contractual Review (OCR), the Division of Administration and the Administrative & Fiscal Policies of the Southern University System, a Contractual Performance Evaluation for every Professional, Personal, Social and Consulting Contract shall be prepared and submitted to the Purchasing Department.

Each department requesting a contract will be required to submit a written evaluation of the contractor on a Contractual Performance Evaluation Form, provided by the Purchasing Department, no later than five (5) days upon completion or termination of the contract. Our auditors are checking our files and records for evidence of this document.

If you have engaged the services of any contractor during the 2011-2012 Fiscal Year and have not submitted an Evaluation Form, please do so immediately.

Please direct all questions, inquiries and concerns to Mr. Wilbert R. Jones at 771-4580 or Email him at Wilbert_jones@subr.edu.

Thank you for your cooperation.

CONTRACTUAL PERFORMANCE EVALUATION FORM

PROFESSIONAL, PERSONAL, CONSULTING AND SOCIAL SERVICES SOUTHERN UNIVERSITY SYSTEM

REVISED 7-01-12

Name of Contractor: _____ Beginning and Ending Dates of Contract
From: _____ To: _____

DEPARTMENT: _____ Date of Evaluation: _____

Signature of Program
Monitor/Evaluator: _____ SU CONTRACT NO. _____

Approved by: _____ DOA CONTRACT
NO. _____
DEPARTMENT HEAD

AGENCY CONTRACT NUMBER: _____ CFMS CONTRACT NO. _____

CONTRACT AMOUNT: \$ _____ ACTUAL AMOUNT PAID: \$ _____

PURCHASE REQUISITION NO: _____ PURCHASE ORDER NO: _____

CONTRACTUAL COST BASIS: _____

CONTRACTUAL MODIFICATIONS:
NUMBER: _____
Reason(s): _____

DESCRIPTION OF SERVICES (WHAT WERE THE SERVICES BEING PROVIDED ?

DELIVERABLE PRODUCTS:

(What were the final products ? _____

(Were they delivered on time ?) _____

(Were they usable ? If so, how ? If not, why not ? _____

PROBLEMS ENCOUNTERED:

OVERALL PERFORMANCE (CHECK ONE): _____ SATISFACTORY _____ UNSATISFACTORY

Weak Points: _____

Strong Points: _____

Would you hire this contractor again? _____

NAME AND TELEPHONE NUMBER OF PROGRAM OFFICIAL RESPONSIBLE FOR MONITORING AND FINAL
ACCEPTANCE: _____

(THIS FORM MUST BE SUBMITTED TO THE PURCHASING DEPARTMENT UPON COMPLETION OF SERVICES)