



**QUARTERLY CONTRACT EVALUATION FORM**

Contract Information

Date: Contract Number:

Contract Name:

Supplier:

LSBE Subcontractor:

Department:

**Please rate services on a scale of 1-5 with 5 being the highest score:**

- Timeliness of Requests/Work Orders \_\_\_\_\_
- Responsiveness \_\_\_\_\_
- Timely/Accurate Payments \_\_\_\_\_
- Teamwork/Collaboration: professional \_\_\_\_\_
- Overall Partnership \_\_\_\_\_

**Please state any areas of concern:** (use separate sheet if necessary)

Name: \_\_\_\_\_ Title: \_\_\_\_\_