Clint Independent School District
Vendor Performance Report Form

eForm

Campus/Department Information	
Name:	Phone:
Campus/Dept:	PO/Bid/Contract Number:
Vendor:	Vendor Representative:
Dates of Performance:	Method of Observation:

General Performance	
Quality of Product/Service:	Did the vendor deliver on time:

Item	
Item:	Brand:

Observations/Comments:

Service	
Type of Service	Is the vendor performing in accordance with their contract?

Observations/Comments:

Have you reported this information to the Vendor/Service Provider?

Signature of Observer: _____ Date: _____

Forward or present completed form to the Business Services Department, Director of Procurement.

Rev: 02.14.2024