

**City of Gulfport
Contracts & Procurement
Vendor Performance Report – Professional Services**

Date:	Department:	
Requestor:		Title:
Phone No.		Email:
PO#:		Project Name and No.:
Supplier:		Vendor No.:
POC:		Email:
Phone:	Cell:	Fax:

Issues (Check all that apply)	Provide explanation (Attach pictures, additional documents and comments if necessary)
<input type="checkbox"/> 1. Will not return calls/emails	
<input type="checkbox"/> 2. Unresponsive	
<input type="checkbox"/> 3. Warranty issues	
<input type="checkbox"/> 4. Construction delayed.	
<input type="checkbox"/> 5. Change order/pay request not processed timely.	
<input type="checkbox"/> 6.	
<input type="checkbox"/> 7. Other	

Requestor Signature	Director Signature
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----- **THIS SECTION FOR PROCUREMENT USE ONLY** -----

Procurement Official:
Date Received:
Supplier Response: (Explain in detail)
Date Supplier Responded to End User:

Procurement Action:
Signature of Procurement Official: