



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

And
Agricultural & Mechanical College

MEMORANDUM #0718A

TO: ALL EMPLOYEES

FROM: LINDA ANTOINE *La*
Director of Purchasing

DATE: July 23, 2018

RE: *MANDATORY PERFORMANCE EVALUATION FORM*
(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 Form for Professional Services Contracts over \$2,000 shall be prepared and submitted to the Purchasing Department.

As a reminder, 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 that's included in the Professional Services Contract packet, no later than thirty (30) days upon completion or termination of the contract.

The fillable form is also located on the Purchasing Department website at <http://www.subr.edu/index.cfm/page/502>. Our auditors are checking our files and records for evidence of this document and we need you to fulfill your obligation to ensure compliance.

If you have engaged the services of any contractor for the 2017/2018 fiscal year and have not submitted an Evaluation Form, please do so by August 17, 2018.

Please direct all questions, inquiries and concerns to Mr. Wilbert R. Jones at 771-4584 or email him at wilbert_jones@subr.edu.

Thank you for your cooperation.

**MANDATORY
PERFORMANCE EVALUATION FORM
PROFESSIONAL, PERSONAL, CONSULTING AND SOCIAL SERVICES
SOUTHERN UNIVERSITY SYSTEM**

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

Department: _____ Date of Evaluation: _____
Signature of Program Monitor/Evaluator: _____ SU PSC Contract No: _____

Approved by: _____ DOA Contract No: _____
Department Head/Designee
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