# **REDACTED**SUPPLIER PERFORMANCE RATING REPORT

Job #:	Performance Reporting Dates:	Add to Cart
Supplier:		
	OVERALL PERFORMANG  Excellent  Good  Improvement Exp  Improvement Req	ected ild viio
Points (100)	Max) Weight 9	% 180
Quality	100	sell
Delivery	100	<b>10</b>
Documentation	100	
Cooperation	100	
<b>Quality:</b> The number of received times 100.	items accepted divided by the number of	items that should have been
is within the grace period	od is a maximum of 7 days early and 3 days then the Supplier has earned	
	sing, QC and Accounting's assessment of	f the accuracy and
completeness of		
Cooperation: Purchasing including	g and QC's assessment of the Suppliers v	villingness to cooperate,
Purchasing Agent	Date	
		Form Rev: Orig

## SUPPLIER RATING WORKSHEET

Supplier: P/N:

#### **QUALITY**

		•	UAI				
,	Scheduled Quanti	ty Quantity Reje	ected	Quantity Accep	ted	Weighted Score	iide.
		Di	ELIV	ERY	1	.1	Moligia
	Date Due	Date Received	# of ]	Days Difference	7	Weighted Score	4

#### **DELIVERY**

Date Due	Date Received	# of Days Difference	Weighted Score
			,0,

#### **DOCUMENTATION**

Possible Points	Actual Performance	Weighted Score
100		

### **COOPERATIO**

Possible Points	Actual Performance	Weighted Score
100	<b>.</b>	

Quality: Items Accepted X 100 = Result

Items Received **Points** Result times

Delivery: Date Received X 100 = Result

> Result times **Points** (100)Date Due

Possible 100 points Documentation Actual:

Actual times **Points** 

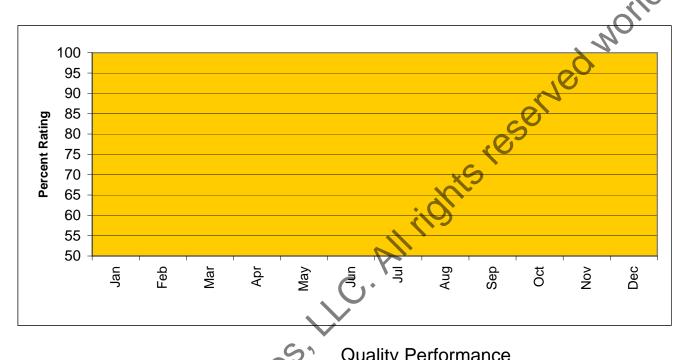
Possible 100 points Actual: Actual times **Points** 

X	
Weighted Quality	
Points:	
Weighted Delivery	
Points:	
Weighted Documentation	
Points:	
Weighted Cooperation	
Points:	
Total:	

Supplier Overall Performance Rating

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Supplier:										Month:							
PO#	P/N	Exc	ellent	Go	ood	Ex	pect	Red	qui	red			R	lema	ırks		
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## **Supplier Performance Rating**



#### Quality Performance

#DIV/0!

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Month	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	
Rating %												
Pieces Received												
Pieces Accepted				)	•							

Performance Rating Standards



Supplier Name:

Overall Rating %:

Form Rev: Orig

Your Co Name Your Address Phone: Your#

Fax: Your# Email: Your email

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