

SUPPLIER PERFORMANCE RATING REPORT

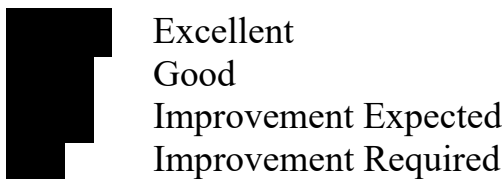
Job #:

Performance Reporting Dates:

Add to Cart

Supplier:

OVERALL PERFORMANCE RATING **100**



	Points (100 Max)	Weight %
Quality	100	[Redacted]
Delivery	100	[Redacted]
Documentation	100	[Redacted]
Cooperation	100	[Redacted]

Quality: The number of items accepted divided by the number of items that should have been received times 100.

Delivery: The grace period is a maximum of 7 days early and 3 days late. If the Date Received is within the grace period then the Supplier has earned [Redacted]

Documentation: Purchasing, QC and Accounting's assessment of the accuracy and completeness of [Redacted]

Cooperation: Purchasing and QC's assessment of the Suppliers willingness to cooperate, including [Redacted]

Purchasing Agent _____ Date _____

Supplier Overall Performance Rating

Supplier:	Overall Performance Rating					Month:	
PO#	P/N	Excellent	Good	Expect	Required	Remarks	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Perception of Supplier Quality:							

Supplier Monthly Rating Report

Supplier	Rating	Monthly and Average Percentage Rating											
		J	F	M	A	M	J	J	A	S	O	N	D
	Quality												
	Delivery												
	Documentation												
	Cooperation												
	Average												

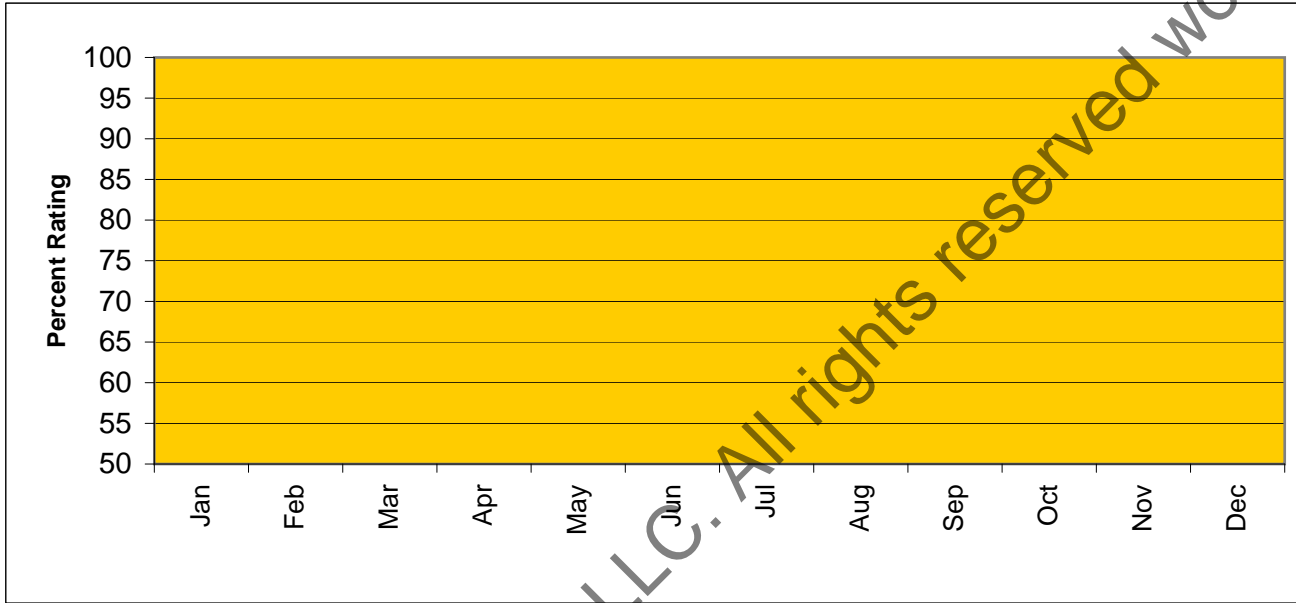
Prepared by: _____

Date: _____

Form Rev: Orig

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Supplier Performance Rating

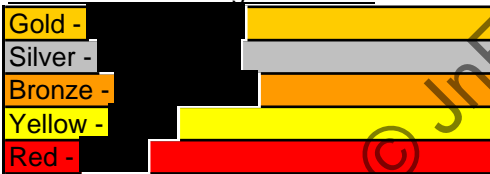


Quality Performance

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

Form Rev: Orig

Performance Rating Standards



Supplier Name: _____

Overall Rating %: #DIV/0!

Your Co Name
 Your Address
 Phone: Your#
 Fax: Your#
 Email: Your email