|  |  |
| --- | --- |
|  | Statement of Work Contractor Performance Report |

|  |
| --- |
| Complete this form when Contractor has completed a Statement of Work (SOW) to report level of satisfaction with contractor’s performance on the SOW. All necessary details must be furnished to ensure proper monitoring of contractor performance. Please verify all information to ensure accuracy. Performance reports become a permanent record of the contractor and must be accurate to achieve an informed and equitable evaluation of satisfaction of services provided and to serve as a reference for possible future action regarding a contractor’s performance. |
|  |
| **Report Completion Date** |  |  |
|  |
| **AGENCY INFORMATION:** |
| Agency Name: |       | Phone #: |       |
| Address: |       | Zip Code: |       |
| City: |       | State: |       |
|  |
| **Project Manager Information:** |
| Name: |       | Phone#: |       |
|  |
| **CONTACTOR INFORMATION:** |
| Contract #: |       | PO#: |       |
| Agency Name: |       | Phone #: |       |
| Address: |       | Zip Code: |       |
| City: |       | State: |       |
| Contact Name: |       | Phone#: |       |
|  |
| **LEVEL OF SERVICE** (If “No” please explain in the comments section.) |
| 1. Did the deliverable meet the specifications? | [ ]  | **Yes** | **[ ]**  | **No** |
| 2. Was the deliverable on time? | [ ]  | **Yes** | **[ ]**  | **No** |
| 3. Was the deliverable on budget? | [ ]  | **Yes** | **[ ]**  | **No** |
| 4. Was the contractor responsive to your needs? | [ ]  | **Yes** | **[ ]**  | **No** |
| 5. Were there any issues after the fact? | [ ]  | **Yes** | **[ ]**  | **No** |
| 6 Would you use the contractor again? | [ ]  | **Yes** | **[ ]**  | **No** |
|  |
| Comments:       |
|  |
| **Mail To:** Central Purchasing Office of Management and Enterprise Services2401 N. Lincoln Blvd., Suite 116Oklahoma City, OK 73105 |