Office of State Procurement
112 Administration Building
50 Sherburne Avenue
St. Paul, MN 55155
Voice: 651.296.2600
Email: Vendor.Performance@state.mn.us

Vendor Performance Report

State Agency Instructions: Complete this form to report exceptional or unsatisfactory vendor performance. Send a copy to Vendor Management, Office of State Procurement, and a copy to the vendor. Be sure to save a copy for your records.
Vendor Instructions: Complete the lower section of this report and return it within one week to Vendor Management, Office of State Procurement.

Purchase Order No.	Date Issued	State Contract No.	☐ For OSP Records - Vendor Information Only ☐ Request OSP Take Necessary Action
Agency Name and Address			Vendor Name and Address

Agency Report Initiated By: _____ Title: _____ Date: _____
(Name)
E-Mail: _____ Phone: _____

Nature of Report: *(Please check all boxes that apply.)*

☐ Exceptional performance *(explain below)*	☐ Unauthorized substitution	☐ Services not performed according to specifications
☐ Late delivery	☐ Unsatisfactory installation work	☐ Merchandise not properly labeled
☐ Unauthorized delivery	☐ Received in damaged condition	☐ Invoice incorrect
☐ Inferior defective merchandise	☐ Overshipment	☐ Grade or inspection evidence missing
☐ Does not meet specifications	☐ Undershipment	☐ Other *(explain below)*

Detailed Explanation: *(Please be specific; attach additional sheets if more space is needed.)*

Describe any action taken regarding this report: *(Attach additional sheets if more space is needed.)*

Vendor Response: Upon receiving a copy of this report, respond in writing within one week to the Office of State Procurement at the above address. *(Attach additional sheets if more space is needed.)*

Vendor Response Completed By:

Name	Title	Phone	Date

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