

APPENDIX 2: *SERVICE AGREEMENT REVIEW FORM*

CONTRACTOR INFORMATION	
name	company name
contract #	staff overseeing contract
contract start-date	contract end-date

REVIEW OF PERFORMANCE

criteria	yes	no	N/A
1) Did the contractor complete all deliverables outlined in the contract?			
comments			
2) Did the contractor complete all deliverables within the required timelines?			
comments			
3) Did the contractor complete all deliverables at an acceptable level of quality?			
comments			
4) Did the contractor follow all applicable policies and procedures?			
comments			
5) Did the contractor prepare accurate invoices that were submitted in a timely fashion?			
comments			
6) Do you have concerns about the work of this contractor or did you have any issues that could not be resolved?			
comments			
7) Would you recommend this contractor for further / future work?			
comments			

Date Completed: _____ **STAFF SIGNATURE:** _____