

Comanche Independent School District
Vendor Performance Report

Today's Date: _____

Your Name: _____

Campus: _____

Principal's Signature: _____

Company Name: _____

Purchase Order Number: _____

Date of Purchase Order: _____

Item/Catalog Number: _____

Please Check Reason for Noncompliance:

- Wrong Item Ordered
- Wrong Item Shipped
- Quality Not As Expected
- Item Arrived Damaged
- Item Arrived Defective
- Other _____

Upon receipt of three (3) notifications of Nonconforming Products/Services from vendor, the vendor shall provide a written response to the business office. Vendor may be deleted from vendor file for no response or an unsatisfactory response.