



SUPPLY MANAGEMENT
Supplier Improvement-Evaluation Plan

Date: _____

Contract No. _____
Contract Object _____
Supplier Name _____
Start Date _____
Completion Date _____
Initial Contract Value _____
Current Contract Value _____
Auditor name _____
Grade Obtained _____
Date of Qualification _____

Description of the criterion with a regular or deficient score (to be completed by the Contract Auditor)

*IF THE RESULT OF THE PERFORMANCE EVALUATION IS "REGULAR" OR "DEFICIENT", THE CONTRACT AUDITOR MUST AGREE ON AN IMPROVEMENT PLAN WITH THE SUPPLIER/CONTRACTOR TO OPTIMIZE ITS PERFORMANCE.

Description of the cause that led to the regular or poor score (to be completed by the Provider)

Improvement Plans (To be completed by the supplier)

Description of the activity	Date the activity will be completed
1.	
2.	
3.	
4.	
5.	

Signature of the Provider's Legal Representative

Signature of the Controller

Chief Auditor's Signature