



SUPPLIER'S EVALUATION

Supplier's Name	ALUMINATES METERING SUPPLY CO., INC.	Line of Business	Importer/Distributor
Address	20c Malaya Street, Malanday, Marikina City	Contact Numbers	
Contact Person / Position	Ms. Ronnie Rose Hari/Sales Staff	Fax Number	(02)631-8820
		E-mail Address	(02)0631-8820
			aluminatesmarketing@yahoo.com

	CRITERIA	EVALUATION					REMARKS
		5	4	3	2	1	
1	Staff and management's responsiveness, support and approach to customer complaints?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Acts quickly and responsibly on customers complaints
2	Competence, skill level and effectiveness of staff?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	competent, skilled, effective
3	Adherence to our policies, procedures and standards for performance and reporting?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complied to our policies, procedures and standards
4	Quality of services provided?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Very Satisfactory
5	Use of supplier initiated process to provide high quality services (ISO Certification/quality assurance standards, database, modern machines, equipments)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ISO Certified
6	Capability to respond promptly to changes in requirements/orders and urgent requisitions.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Respond quickly on requisitions
7	Pricing / Cost	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fair Price
8	Accuracy and timeliness of invoices?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Correct sales invoices, submitted on time
9	Cooperation and teamwork of personnel and/or management	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Satisfactory level of cooperation and teamwork
10	Consistency in meeting schedules and promised delivery dates?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Were able to meet schedules of deliveries on time
OVERALL PERFORMANCE		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Please provide assessment of the supplier in the following areas, using the 5-point evaluation system, 5 being the highest.

Evaluated by	Position	Date Accomplished
 Charito S. Fernando	Procurement Analyst B	7-Jan-17
Signature over Printed Name		

Recommendation:	Remarks
<input type="checkbox"/> Further Assesment <input type="checkbox"/> Maintain in the accredited list <input checked="" type="checkbox"/> Delist	
CHARITO S. FERNANDO 01/07/17 Signature over Printed Name with Date	

Noted by Head of Finance	Approved by the General Manager	Acknowledged by Evaluator
MS. JOVITA I. DALMACIO	ENGR. CARLOS N. SANTOS JR.	CHARITO S. FERNANDO



SUPPLIER'S EVALUATION

Supplier's Name AMABA INDUSTRIAL SUPPLIES	Line of Business
Address Unit 1 Solid Gold Arcade Bldg. Pulang Lupa II, Las Piñas City	Contact Numbers Importer/Distributor
Contact Person / Position Mr. Eddie Y. Amaba/Manager	Fax Number (02) 874-3792
	E-mail Address (02) 875-6016

CRITERIA	EVALUATION					REMARKS
	5	4	3	2	1	
1 Staff and management's responsiveness, support and approach to customer complaints?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Very Satisfactory
2 Competence, skill level and effectiveness of staff?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Very Satisfactory
3 Adherence to our policies, procedures and standards for performance and reporting?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Very Satisfactory
4 Quality of services provided?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Very Satisfactory
5 Use of supplier initiated process to provide high quality services (ISO Certification/quality assurance standards, database, modern machines, equipments)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Quality Assurance
6 Capability to respond promptly to changes in requirements/orders and urgent requisitions.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Very Satisfactory
7 Pricing / Cost	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Very Satisfactory
8 Accuracy and timeliness of invoices?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Correct sales invoices, submitted on time
9 Cooperation and teamwork of personnel and/or management	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Very Satisfactory level of cooperation and teamwork
10 Consistency in meeting schedules and promised delivery dates?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Very Satisfactory
OVERALL PERFORMANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Please provide assessment of the supplier in the following areas, using the 5-point evaluation system, 5 being the highest.

Evaluated by Charito S. Fernando	Position Procurement Analyst B	Date Accomplished 7-Jan-17
Signature over Printed Name		

Recommendation: <input type="checkbox"/> Further Assessment <input type="checkbox"/> Maintain in the accredited list <input checked="" type="checkbox"/> Delist	Remarks
 CHARITO S. FERNANDO 01/07/17 Signature over Printed Name with Date	

Noted by Head of Finance MS. JOVITA I. DALMACIO	Approved by the General Manager ENGR. CARLOS N. SANTOS JR.	Acknowledged by Evaluator CHARITO S. FERNANDO
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Santa Maria
WATER DISTRICT

SUPPLIER'S EVALUATION

Supplier's Name	Line of Business
Address ATLANTA INDUSTRIES, INC.	Contact Numbers manufacturer/distributor
Contact Person / Position Atlanta Centre, Annapolis St., Greenhills, San Juan, Metro Manila	Fax Number (02) 723-0781
Mr. Jun Dayandante/Sales Manager	E-mail Address (02)744-4703 marketing@atlanta.ph

CRITERIA	EVALUATION					REMARKS
	5	4	3	2	1	
1 Staff and management's responsiveness, support and approach to customer complaints?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Very Satisfactory
2 Competence, skill level and effectiveness of staff?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	very satisfactory
3 Adherence to our policies, procedures and standards for performance and reporting?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complied to our policies, procedures and standards
4 Quality of services provided?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Very Satisfactory
5 Use of supplier initiated process to provide high quality services (ISO Certification/quality assurance standards, database, modern machines, equipments)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ISO Certified
6 Capability to respond promptly to changes in requirements/orders and urgent requisitions.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Very Satisfactory
7 Pricing / Cost	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Very Satisfactory
8 Accuracy and timeliness of invoices?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Satisfactory level of cooperation and teamwork
9 Cooperation and teamwork of personnel and/or management	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Satisfactory level of cooperation and teamwork
10 Consistency in meeting schedules and promised delivery dates?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Were able to meet schedules of deliveries on time
OVERALL PERFORMANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Please provide assessment of the supplier in the following areas, using the 5-point evaluation system, 5 being the highest.

Evaluated by	Position	Date Accomplished
 CHARITO S. FERNANDO Signature over Printed Name	Procurement Analyst B	7-Jan-17

Recommendation:	Remarks
<input type="checkbox"/> Further Assesment <input checked="" type="checkbox"/> Maintain in the accredited list <input type="checkbox"/> Delist	
 CHARITO S. FERNANDO 01/07/17 Signature over Printed Name with Date	

Noted by Head of Finance	Approved by the General Manager	Acknowledged by Evaluator
 MS. JOVITA I. DALMACIO	 ENGR. CARLOS N. SANTOS JR.	