

**Contract Close-Out
Evaluation Survey Form**

	<u>YES</u>	<u>NO</u>	<u>N/A</u>
1. Contractor performed all work in Conformance with the Contract Requirements?	_____	_____	_____
2. Contractor was responsive and Professional?	_____	_____	_____
3. Are you satisfied with the quality of The work performed by Contractor?	_____	_____	_____
4. Did Contractor anticipate your Needs and provide value-added services Beyond the scope/requirements of the Contract?	_____	_____	_____
5. In the event this type of service would be required in the future, would you request and/or recommend this Contractor?	_____	_____	_____

Additional Comments:

Name: _____

Title: _____

Department: _____

Date: _____

Project Sponsor / Client:

	Yes	No	Remarks
1. Are you satisfied with the Project Delivery?	_____	_____	_____
2. Project Acceptance as per scope of work?	_____	_____	_____

Name/Sign: _____

Title: _____

Department: _____

Date: _____