Western Cape Education Department
Initials and Surname
Directorate: xxxx
e-mail address | 021 467 xxxx

QUARTERLY CONTRACTOR PERFORMANCE MONITORING CHECKLIST

This completed form must be returned to XXXXXXXXXX

Contract number	B/WCED xxx
Name of contractor	
WCED Project Manager	
Contract Period	dd/mm/yyyy to dd/mm/yyyy
Contract description	

	Yes	No	Comments
Is the contractor executing the contract to specification and adhering to the contract conditions?			
Has the contractor executed the deliverables within the stipulated timeframes?			
If NO above, did the contractor request an extension in terms of paragraph 21.2 of the GCC?			
Was approval duly granted for such extension (attach letter of amendment of the delivery time frame) with or without penalties?			
Overall, is the contractor rendering a satisfactory service?			
Is there a possibility that an extension will be motivated (at least 3 months before expiry) or will a new contract be required after expiry?			

Additional comments and recommendations: (use a separate sheet if necessary)

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Name of Responsibility Manager (Director) Signature

_____

Date