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| **QUALITY FORMS** | Document Code: QF-OSDS-BAC-017  Revision: 00  Effectivity date: 08-20-2018 |
| Title: **POST-QUALIFICATION EVALUATION REPORT (FOR AMP)** | Name of Office:  **OSDS-BAC** |

**Date:**

|  |  |  |
| --- | --- | --- |
| 1. **ITEM** | |  |
| 1. **EVENT** | |  |
| 1. **PROPONENT** | |  |
| 1. **ABC** | |  |
| 1. **BID AMOUNT** | |  |
| 1. **NAME OF BIDDER** | |  |
| **SPECIFICATION** | | |
| Passed | Failed | **Documentary Requirements AND Specifications** |
|  |  |  |
|  |  |  |

Based on the required documents and specification/s suggested by the end user, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is **[ ]** **COMPLIANT [ ] NON-COMPLIANT .**

Prepared by:

End User TWG Member TWG Member

Approved by:

**FOR NON-COMPLIANT RESULT OF POST QUALIFICATION EVALUATION**

**RECEIVED BY:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

SUPPLIER DATE

REMARKS:

I will NOT FILE a MOTION for Reconsideration

I will FILE a Motion for Reconsideration

**CARMEL F. MERIS**  
BAC-Chairperson

