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| **QUALITY FORMS** | Document Code: QF-OSDS-BAC-017Revision: 00Effectivity 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

