

**INTERAGENCY MOBILE FOOD SERVICES  
PERFORMANCE EVALUATION**

Reference: FAR 42.15

Contractor and Unit No.:	Contract No: _____ Incident Name: _____ Inclusive Dates: _____
<b>Ratings:</b> Provide detailed comments regarding each evaluation factor below.	
Quality of Services and Food	Comments:        
Equipment	Comments:        
Timeliness of Performance	Comments:        
Business Relations: Working With Government And Other Contractors	Comments:        

Form 1276-E (1/05)

**INTERAGENCY MOBILE FOOD SERVICES  
PERFORMANCE EVALUATION (CONTINUATION SHEET)**

Key Personnel Performance: Name:	Comments:
Name:	Comments:
Name:	Comments:
Would you select this contractor again, given the choice? Explain.	
Rating Official Name/Title: _____ Signature: _____ Phone Number: _____ Date: _____ E-Mail Address: _____	
Contractor Representative Name/Title: _____ Signature: _____ Phone Number: _____ Date: _____	

Form 1276-H (1/05)

**Any Contractor comments regarding this performance evaluation must be submitted, in writing, to the Contracting Officer within 30 days of receipt by the Contractor's Representative.**

**ORIGINAL – CONTRACTING OFFICER, NIFC; COPY 1 – FOOD SERVICE UNIT; COPY 2 - CONTRACTOR; COPY 3 – FDUL**