

ANNEXURE B

BID NUMBER: ECS02/24/25

DESCRIPTION: PROVISION OF TRAVEL MANAGEMENT SERVICES FOR 3 YEARS

NAME OF BIDDER: _____

**REFERENCE PERTAINING TO THE TRAVEL MANAGEMENT SERVICE PERFORMANCE
TO BE FILLED IN BY THE CLIENT OF THE BIDDER**

A. Please circle your answer in the block below:

1. Did the bidder provide travel management services for your institution?	YES/NO
2. Did the bidder complete the contract term	YES/NO
3. Would you recommend the bidder for future appointment	YES/NO

4. What was the duration of the contract? _____

5. Contract Start: _____ Contract End: _____

B. Please rate the performance of the abovementioned bidder in relation to the travel management services the bidder rendered to your institution.

Evaluation criteria: 4 = Excellent (exceeds expectation); **3 = Good** (meets expectations); **2 = Acceptable** (performance with minor deficiencies); **1 = Fair** (performance with major deficiencies); **0 = Unacceptable** (under-performance)

Please circle only one number per response	E	G	A	F	U
1. Maintaining high level performance standards in providing travel management services. [adherence to the SLA obligations]	4	3	2	1	0
2. Management of complaints and addressing service failures [professionalism and showing knowledge of industry processes including relationship with third-party service providers]	4	3	2	1	0
3. Ability to provide after hours and emergency services [access and availability of service and ensuring that service is actioned without exposing travelers to being vulnerable]	4	3	2	1	0
4. Ability to provide value-added services [necessary information is shared on the changes in the industry, raising awareness in relation to regional and international trips to enable travelers to fit accordingly]	4	3	2	1	0
Total Score = (points scored on responses given in 1+2+3+4)					

COMMENTS:

NAME AND SURNAME

SIGNATURE

CAPACITY

NAME OF INSTITUTION (BIDDER'S CLIENT)

CONTACT DETAILS: TEL: _____

EMAIL: _____

INSTITUTION'S STAMP (BIDDER'S CLIENT)