

LSU – HCSD MONITORING REPORT
PERSONAL, PROFESSIONAL OR CONSULTING CONTRACTS

CFMS# _____

Contractor: _____ Hospital: _____

HCSD#: _____ DOA#: _____ Amount: _____

Dates of Contract: _____ through _____ Monitoring Officer: _____

Contract modification number: _____

Reason for modification: _____

I. Summary of Contract Purpose: _____

II. ****Check Appropriate Section**

<u>Contract Objectives/Deliverables</u>	<u>Met on Schedule</u>	<u>Met Late</u>	<u>Not Met</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

III. Use of the Final Product and/or Utility of Contracted Personal or Professional Services:

IV. Overall Performance Statement

Weak Points

Strong Points

Would you hire this contractor again? _____ YES _____ NO

The performance of the contract, cited in this report, is true and correct to the best of our knowledge.

Prepared by:

Approved and Submitted by:

(Monitor's Name)
Contract Monitor

(Administrator's Name)
Hospital Administrator

(Contract Coordinator's Name)
Contract Administrator