# Supplier Quality Percentage Rating

Month : _____        Date: _____

| Sr. No. | Name of Supplier | Item / Service | Supplier Code | Qty Received [A] | Qty Accepted [B] | Rating = QTY. ACCEPTED / QTY. RECEIVED*100 |
|---------|------------------|----------------|---------------|------------------|------------------|--------------------------------------------|
|         |                  |                |               |                  |                  |                                            |
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**Prepared by**                                             **Approved by**