

**Vendor Performance Evaluation**Top of Form

Please take a moment to complete the questionnaire below regarding your recent order for goods or services and submit your responses to Procurement and Contract Services.

\* Required Field

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| **Today’s Date:** Click here to enter text.  \* Name of Vendor:  Was this your first order with this vendor?  Was the shipment/delivery in conformance with the specifications?  **If not, indicate:** Overshipment Undershipment Early shipment Late shipment No shipment Other (enter comments below):  Was the final product/service delivered as ordered?  **If not, indicate:**  Damaged product Defective product Unauthorized substitution Service deficiencies Other (enter comments below):  Were concerns or follow-ups addressed promptly?  Did vendor communicate ethically & professionally?  Was the quoted price the same as invoiced price?  Would you use this vendor again?   **If not, please explain:**  \* Your name:  \* Your email:  \* Your department:  \* Purchase order/document number:  Would you like someone in Procurement and Contract Services to contact you? Yes No |

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