

**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:**OvershipmentUndershipmentEarly shipmentLate shipmentNo shipmentOther (enter comments below):Was the final product/service delivered as ordered?**If not, indicate:** Damaged productDefective productUnauthorized substitutionService deficienciesOther (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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