

**Vendor Name** \_\_\_\_\_

**Please take a few moments to tell us how the Vendor is performing by placing an "X" under the number that applies. (Scale: 1 = Very Poor, 2 = Poor, 3 = Average, 4 – Above Average, 5 = Exemplary) or an X beside the performance that applies.**

	1	2	3	4	5
Vendor meets scheduled delivery dates and times.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vendor deliveries complete, no partial deliveries.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Delivered items meet Order specifications.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Invoices accurate and complete.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vendor personnel courteous.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vendor response to phone inquiries.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**COMMENTS:**

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