

Cedar Hill ISD Vendor Performance Form

Please provide feedback on the following company based on your experience with them as a vendor. Your feedback is an important part of our review and selection process.

Vendor Name:	School Year:
Was there a specific bid or contract for this purchase?	Today's Date:
CHISD Staff Member Completing the Form:	

Sales, Support and Service

	YES	NO	N/A
1. Sales representative has good product knowledge			
2. Is pricing competitive and provides the best value			
3. Proactive approach to handling issues			
4. Product ordering was quick and easy			
5. Phone calls/e-mails were returned promptly			

Delivery

6. 100% quantity delivered to order			
7. Backordered items delivered in a timely manner			
8. Satisfaction with warranty, replacements or returns			

Overall Satisfaction

9. Please rate your recommendation of this vendor on a numerical scale of 1 to 5 (1 being very dissatisfied and 5 being very satisfied) in the box provided

10. Other comments about your experience with this vendor (optional):

11. I wish to continue using this vendor for the next school year.

Yes _____ No _____