

**Supplier/Vendor Evaluation Form**

Overall satisfaction of Service/Product Survey

Name of Supplier: \_\_\_\_\_

	Very satisfied	Satisfied	Neutral	Unsatisfied	Very unsatisfied	N/A
Products						
Service						
Cost						
Timely Delivery						
Communication						
Response time						

Would you renew your contract with this supplier? \_\_\_\_\_

Comments: \_\_\_\_\_

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Date: \_\_\_\_\_

Department: \_\_\_\_\_

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

<p><b>Purchasing Office Review:</b></p> <p>Comments: _____</p> <p>Actions: _____</p> <p>Date: _____ signature: _____</p>
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