



VENDOR PERFORMANCE SURVEY
McAllen Independent School District
Purchasing Services

Vendor: _____

Vendor Representative/Contact Person: _____

Bid Number/Name (if applicable): _____

Campus/Department: _____

Principal/Department Head: _____

Date Submitted: _____

Submitted By (signature): _____

1. Their quality rate with us is:

- Excellent
- Very Good
- Satisfactory
- Fair
- Poor

4. Their prices are:

- Competitive
- Higher than competitor's but worth it
- Generally high priced
- Sometimes high
- Sometimes low
- Very low

2. Their record in meeting deliveries is:

- Excellent
- Good
- Long, but meets promises
- Meets most promises, occasionally late
- Frequently late
- Frequently very late

5. In giving technical assistance, they are:

- Cooperative and responsible
- Slow but fair
- Difficult to deal with

3. In handling complaints and rejects, they are:

- Cooperative and responsible
- Difficult to deal with
- Non-cooperative

Please make comments (positive experiences/problems/complaints) as related to service, quality of product, deliveries, substitutions, unjustified price increases, etc., please fill out the following:

Date(s) of occurrences: _____ Salesman: _____

Comments/Problems/Complaints: _____

Was the company contacted? Yes: _____ No: _____

If Yes:

Date that the company was contacted: _____

Contact Person: _____

Position with the company: _____

Telephone Number: _____

What actions were taken by the company, or representative of the company, to correct the problem?

Was the problem handled in an appropriate and timely manner? Yes: _____ No: _____

If No, please explain:

Please send to: **Lorena Garcia**
Director of Purchasing Services
Fax: (956) 632-8848
purchasing@mcallenisd.net

Thank you

