



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

