## SUPPLIER / PRODUCT EVALUATION FORM

The purpose of this evaluation form is to rate a supplier's performance. Completion of this form will aid the Procurement & Warehousing Services Department in determining the quality of goods and/or services purchased for the District. Your input will be used in the evaluation of future bids or proposals submitted by this supplier. Please return completed evaluation form to:

Procurement & Warehousing Services Department
Technology and Support Services Center
7720 West Oakland Park Boulevard, Sundse, Florida 33351
For assistance with this form, please contact (764) 321-0541 or
E-mail to: p k a u f o l d @browardschools.com

## SECTION 1 - SUPPLIER EVALUATION

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Supplier Company Name: Supplier Contact: Contact Telephone:	Pence Seal-Coating, Charles Pence 954-648-5980					
Bid No.: <u>11-007R</u>	Purchase Order No.					
What was the product / service	? Asphalt Paying, Re-	surfacing	& Striping	.,,		
1. How do you rate the supplie	er in the following areas	1 Poor	2 Fair	3 Good	4 Very Good	5 Excellent
Overall Customer Service Delivery as Scheduled or P	romised	Н		Ħ.	Ħ	Ħ
2. How satisfied are you with t	he supplier?		9		4	ı
1 2 Not Satisfied ☐ Somewhat Satisfied			Satisfied []		Very Satisfied ☑	
3. Will you use them again?	Yes 🗹 No 🗆					
SECTION 2 - PRODUCT / SERVICE EVALUATION						
4. How do you rate their product / service?		1 Роог	2 Fair	3 Good	4 Very Good	5 Excellent
Compliance with Specifications Quality as Compared to Similar Products/Services Price as Compared to Similar Products/Services						T T T
5. Would you purchase this pro	oduct or use this vendo	r again?	<b>3</b>		<b>'4</b>	,
Very Unlikely ☐ Unlikely ☐			Probably [		Definitely 🗹	
'if not, please expiain why in co	mments.					•
	SECTION:	<u>3 – END-L</u>	JSER INPUT	•		
lease share any additional info erformance is unsatisfactory, pi	mation regarding this ease tell us why. You,n	i supplier nay atlach	or the produ an additional	ict / service I sheet if nece	provided. If the	is supplier's
'Comments:						
Name / Title: Loy / School / Department: Contact Telephone: 184	SOLOW Evaluation  WALLAND  SETT OF THE PORT  321-4314	cen i	CUSTOON	si lunoi. Dept	v 305	
Participant's Signature:	Ka <sub>k</sub>	0/10	<b>た</b>	Date:	7/0/14	
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