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, Sunrise, Florida 33351 For assistance with this form. please contact (754) 321-0527

SECTION 1 – SUPPLIER EVALUATION							
Supplier Company Name: Supplier Contact: Contact Telephone: Pence Seal coating Charles Pence / Alan Johnson 954-614-1409							
Bid No.: 16-063 C Purchase Order No.: Various							
What was the product / service? Asphalt striping traffic signs							
1. How do you rate the supplier in the following areas?							
1 2 3 4 5 Poor Fair Good Very Good Excellent Overall Customer Service							
2. How satisfied are you with the supplier?							
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 2 3 4 5 Poor Fair Good Very Good Excellent Compliance with Specifications Quality as Compared to Similar Products/Services Price as Compared to Similar Products/Services							
5. Would you purchase this product or use this vendor again?							
Very Unlikely ☑ Unlikely ☐ Probably ☐ Definitely ☐							
*If not, please explain why in comments.							
SECTION 3 – END-USER INPUT							
Please share any additional information regarding this supplier or the product / service provided. If this supplier's performance is unsatisfactory, please tell us why. You may attach an additional sheet if necessary.							
*Comments: Excellent Vendor service.							
- Very accomodating to our needs.							
Name / Title: School / Department: Contact Telephone: Name / Title: David Mammel / Supervisor II Pro Grounds Department 754 - 321 - 4343							
Participant's Signature: Date: 1/14/16							

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, Sunrise, Florida 33351 For assistance with this form, please contact (754) 321-0527

SECTION 1 – SUPPLIER EVALUATION

Supplier Company Name: Supplier Contact: Contact Telephone:	Pence Sealco	pating					
Bid No.: 16-063c	Purchase Order No.	.:					
What was the product / service?	Asphalt, st	riping,	traffic	, signs			
1. How do you rate the supplier in the following areas?							
Overall Customer Service Delivery as Scheduled or Pro	omised	1 Poor	2 Fair □ □	3 Good	4 Very Good	Excellent	
2. How satisfied are you with th	2. How satisfied are you with the supplier? 1 2 3 4						
Not Satisfied	1 2 Not Satisfied ☐ Somewhat Satisfied ☐				Very Satisfied		
3. Will you use them again?	Yes No 🗌						
	SECTION 2 - PRO	DDUCT / SE	ERVICE EVA	LUATION			
4. How do you rate their produc	4. How do you rate their product / service? 1 2 3 4 5						
Compliance with Specification Quality as Compared to Simila Price as Compared to Similar	ar Products/Services	Poor	Fair	Good	Very Good	Excellent	
5. Would you purchase this product or use this vendor again?							
1 2 Very Unlikely ☐ Unlikely ☐			3 Probably □		Definitely (
*If not, please explain why in comments.							
	SECTION	13 – END-L	JSER INPUT				
Please share any additional information regarding this supplier or the product / service provided. If this supplier's performance is unsatisfactory, please tell us why. You may attach an additional sheet if necessary.							
*Comments: One of the	best vendors	I have	worked	with. (Sustomer F	riendly	
Name / Title: School / Department: Contact Telephone: Evaluation Form Completed By: Evaluation Form Completed By: Francis Supervisor III Francis Supervisor III							
Participant's Signature: Date: Date:							

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, Sunrise, Florida 33351 For assistance with this form. please contact (754) 321-0527

SECTION 1 – SUPPLIER EVALUATION

Supplier Company Name: Supplier Contact:	PENCE SEAL	COATIN	ŝ			-	
Contact Telephone:							
Bid No.: 16 " 063C	Purchase Order No.	:					
What was the product / service?	ASPHALL REY	pair in	15/4//				
How do you rate the supplier	in the following area	1	2	3	4	5	
Overall Customer Service Delivery as Scheduled or Pro	omised	Poor	Fair □ □	Good	Very Good	Excellent	
2. How satisfied are you with the supplier? 1 2 3 4							
•			3 Satisfied ☐		Very Satisfied		
3. Will you use them again?	Yes 🕅 No 🗌						
SECTION 2 - PRODUCT / SERVICE EVALUATION							
4. How do you rate their produc	t / service?	4	2	2		_	
1 2 3 4 5 Poor Fair Good Very Good Excellent Compliance with Specifications Quality as Compared to Similar Products/Services Price as Compared to Similar Products/Services							
5. Would you purchase this product or use this vendor again? 1 2 3 4							
1 2 Very Unlikely			Probably 🗌		Definitely 📈		
*If not, please explain why in comments.							
SECTION 3 - END-USER INPUT							
Please share any additional information regarding this supplier or the product / service provided. If this supplier's performance is unsatisfactory, please tell us why. You may attach an additional sheet if necessary.							
*Comments:				·			
Evaluation Form Completed By: Name / Title: WARREN HOLOGE FOUNDED HERV JEGUP							
School / Department: GW Contact Telephone: 95	20405			V			
Participant's Signature:	7 18			Date:	1/14/1/		
a a do parte o orginataro.	-			Date	11116		

SUPPLIER EVALUATION FORM - PAGE 1 OF 1

rev6/26/2014

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, Sunrise, Florida 33351 For assistance with this form, please contact (754) 321-0527

SECTION 1 – SUPPLIER EVALUATION

	upplier Company Name:	Pence Sealcoating						
	upplier Contact: ontact Telephone:							
	id No.: 16-063 C		Order No.	and the same of th				
V	/hat was the product / service?	Asp	half,	Striping	Traff	ic Sign	r	
1.	. How do you rate the supplier	in the follo	wing areas	s? 1	2	3	4	5
	Overall Customer Service Delivery as Scheduled or Pro	mised		Poor	Fair	Good	Very Good	Excellent
2.	How satisfied are you with the	e supplier?	•					
	Not Satisfied ☐	2 Somewhat Satisfied		1 🗆	Satisfied 🔽		4 Very Satisfied ☐	
3.	Will you use them again?	Yes No No						
		SECTION 2 - PRODUCT / SERVICE EVALUATION						
4. How do you rate their product / service? 1 2 3 4 5 Poor Fair Good Very Good Excell Compliance with Specifications Quality as Compared to Similar Products/Services Price as Compared to Similar Products/Services						5 Excellent		
5.	Would you purchase this prod	duct or use this vendor again?						
	Very Unlikely 🗌	Unlikely □			Probably [N.	Definitely	
*If not, please explain why in comments.								
			SECTION	3 – END-US	ER INPUT			
lea er	lease share any additional information regarding this supplier or the product / service provided. If this supplier's erformance is unsatisfactory, please tell us why. You may attach an additional sheet if necessary.							
*Comments:								
_								
Name / Title: School / Department:								
Со	Contact Telephone: Participant's Signature: Date: 1-14-14							
	SUI	PPLIER EVAI	-UATION FO	DRM – PAGE 1	OF 1			rev6/26/2014