

## VENDOR / 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, Sunrise, Florida 33351  
For assistance with this form, please contact (754) 321-0527 or  
E-mail to: [carla.depperschmidt@browardschools.com](mailto:carla.depperschmidt@browardschools.com)

### SECTION 1 – VENDOR EVALUATION

Supplier Company Name: Heartland Payment Systems or Tekvisions, Inc.  
Supplier Contact: Shelley R. Lorren or Nick Christie  
Contact Telephone: 985-231-4385 or 800-827-0127

Bid No.: 14-032N Purchase Order No.: Various

Bid No.: 14-032N Purchase Order No.: Various

What was the product / service? Touch Screen Monitors, Cash Drawers and Keypads for MCS System (Cafeteria)

1. How do you rate the vendor in the following areas?

	1	2	3	4	5
	Poor	Fair	Good	Very Good	Excellent
Overall Customer Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Delivery as Scheduled or Promised	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

2. How satisfied are you with the vendor?

1	2	3	4
Not Satisfied	Somewhat Satisfied	Satisfied	Very Satisfied
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

3. Would you use them again? Yes  No

### SECTION 2 – PRODUCT EVALUATION

4. How do you rate their product?

	1	2	3	4	5
	Poor	Fair	Good	Very Good	Excellent
Compliance with Specifications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Quality as Compared to Similar Products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Price as Compared to Similar Products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

5. Would you purchase this product or use this vendor again?

1	2	3	4
Very Unlikely	Unlikely	Probably	Definitely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

\*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: Shelley Lorren, Supervisor  
School / Department: Food & Beverage Services  
Contact Telephone: 754-321-0239  
Participant's Signature: [Signature] Date: 6/3/14

## VENDOR / PRODUCT EVALUATION FORM

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### SECTION 1 – VENDOR EVALUATION

Supplier Company Name: Heartland Payment Systems or Tekvisions, Inc.  
 Supplier Contact: Shelley R. Lorren or Nick Christie  
 Contact Telephone: 985-231-4385 or 800-827-0127

Bid No.: 14-032N Purchase Order No.: Various

What was the product / service? Touch Screen Monitors, Cash Drawers and Keypads for MCS System (Cafeteria)

1. How do you rate the vendor in the following areas?

	1 Poor	2 Fair	3 Good	4 Very Good	5 Excellent
Overall Customer Service	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Delivery as Scheduled or Promised	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. How satisfied are you with the vendor?

1 Not Satisfied <input type="checkbox"/>	2 Somewhat Satisfied <input type="checkbox"/>	3 Satisfied <input checked="" type="checkbox"/>	4 Very Satisfied <input type="checkbox"/>
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3. Would you use them again? Yes  No

### SECTION 2 – PRODUCT EVALUATION

4. How do you rate their product?

	1 Poor	2 Fair	3 Good	4 Very Good	5 Excellent
Compliance with Specifications	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality as Compared to Similar Products	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Price as Compared to Similar Products	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Would you purchase this product or use this vendor again?

1 Very Unlikely <input type="checkbox"/>	2 Unlikely <input type="checkbox"/>	3 Probably <input checked="" type="checkbox"/>	4 Definitely <input type="checkbox"/>
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\*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: The 465 unit does not seem to have bios updates

Evaluation Form Completed By:

Name / Title: Felberto A. Bernaldez Electronics/Computer Tech  
 School / Department: Food & Nutrition Services  
 Contact Telephone: 754-321-0230  
 Participant's Signature: [Signature] Date: 06/03/2016

## VENDOR / PRODUCT EVALUATION FORM

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### SECTION 1 – VENDOR EVALUATION

Supplier Company Name: Heartland Payment Systems or Tekvisions, Inc.  
 Supplier Contact: Shelley R. Lorren or Nick Christie  
 Contact Telephone: 985-231-4385 or 800-827-0127

Bid No.: 14-032N Purchase Order No.: Various

What was the product / service? Touch Screen Monitors, Cash Drawers and Keypads for MCS System (Cafeteria)

1. How do you rate the vendor in the following areas?

	1	2	3	4	5
	Poor	Fair	Good	Very Good	Excellent
Overall Customer Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Delivery as Scheduled or Promised	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

2. How satisfied are you with the vendor?

1 Not Satisfied <input type="checkbox"/>	2 Somewhat Satisfied <input type="checkbox"/>	3 Satisfied <input type="checkbox"/>	4 Very Satisfied <input checked="" type="checkbox"/>
---	--	---	---

3. Would you use them again? Yes  No

### SECTION 2 – PRODUCT EVALUATION

4. How do you rate their product?

	1	2	3	4	5
	Poor	Fair	Good	Very Good	Excellent
Compliance with Specifications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Quality as Compared to Similar Products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Price as Compared to Similar Products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

5. Would you purchase this product or use this vendor again?

1 Very Unlikely <input type="checkbox"/>	2 Unlikely <input type="checkbox"/>	3 Probably <input type="checkbox"/>	4 Definitely <input checked="" type="checkbox"/>
---	--	--	---

\*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: Gina Dougherty  
 School / Department: INS SERVICES  
 Contact Telephone: 7-321-0201  
 Participant's Signature: Gina Dougherty Date: 6-3-16

## VENDOR / PRODUCT EVALUATION FORM

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### SECTION 1 – VENDOR EVALUATION

Supplier Company Name: Heartland Payment Systems or Tekvisions, Inc.  
 Supplier Contact: Shelley R. Lorren or Nick Christie  
 Contact Telephone: 985-231-4385 or 800-827-0127

Bid No.: 14-032N Purchase Order No.: Various

What was the product / service? Touch Screen Monitors, Cash Drawers and Keypads for MCS System (Cafeteria)

1. How do you rate the vendor in the following areas?

	1 Poor	2 Fair	3 Good	4 Very Good	5 Excellent
Overall Customer Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Delivery as Scheduled or Promised	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

2. How satisfied are you with the vendor?

1 Not Satisfied      
 2 Somewhat Satisfied      
 3 Satisfied      
 4 Very Satisfied

3. Would you use them again? Yes  No

### SECTION 2 – PRODUCT EVALUATION

4. How do you rate their product?

	1 Poor	2 Fair	3 Good	4 Very Good	5 Excellent
Compliance with Specifications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Quality as Compared to Similar Products	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Price as Compared to Similar Products	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Would you purchase this product or use this vendor again?

1 Very Unlikely      
 2 Unlikely      
 3 Probably      
 4 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: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Name / Title: \_\_\_\_\_  
 School / Department: COMPUTER TECH - ANTHONY BUCK  
 Contact Telephone: FOOD & NUTRITION DEPT  
954-294-9616  
 Participant's Signature: [Signature] Date: 6-3-16

## VENDOR / PRODUCT EVALUATION FORM

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Bid No.: 14-032N Purchase Order No.: Various

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1. How do you rate the vendor in the following areas?

	1	2	3	4	5
	Poor	Fair	Good	Very Good	Excellent
Overall Customer Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Delivery as Scheduled or Promised	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

2. How satisfied are you with the vendor?

1	2	3	4
Not Satisfied	Somewhat Satisfied	Satisfied	Very Satisfied
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

3. Would you use them again? Yes  No

### SECTION 2 – PRODUCT EVALUATION

4. How do you rate their product?

	1	2	3	4	5
	Poor	Fair	Good	Very Good	Excellent
Compliance with Specifications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Quality as Compared to Similar Products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Price as Compared to Similar Products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

5. Would you purchase this product or use this vendor again?

1	2	3	4
Very Unlikely	Unlikely	Probably	Definitely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

\*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: Great product excellent service

Name / Title: Anna Silvestro / Resource Specialist  
 School / Department: Food and Nutrition Services  
 Contact Telephone: 784-321-10220  
 Participant's Signature: Anna Silvestro Date: 6/3/16

## VENDOR / PRODUCT EVALUATION FORM

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### SECTION 1 – VENDOR EVALUATION

Supplier Company Name: Heartland Payment Systems or Tekvisions, Inc.  
Supplier Contact: Shelley R. Lorren or Nick Christie  
Contact Telephone: 985-231-4385 or 800-827-0127

Bid No.: 14-032N Purchase Order No.: Various

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1. How do you rate the vendor in the following areas?

	1	2	3	4	5
	Poor	Fair	Good	Very Good	Excellent
Overall Customer Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Delivery as Scheduled or Promised	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

2. How satisfied are you with the vendor?

1  Not Satisfied     
 2  Somewhat Satisfied     
 3  Satisfied     
 4  Very Satisfied

3. Would you use them again? Yes  No

### SECTION 2 – PRODUCT EVALUATION

4. How do you rate their product?

	1	2	3	4	5
	Poor	Fair	Good	Very Good	Excellent
Compliance with Specifications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Quality as Compared to Similar Products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Price as Compared to Similar Products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

5. Would you purchase this product or use this vendor again?

1  Very Unlikely     
 2  Unlikely     
 3  Probably     
 4  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: DAVID RUSE / TECHNICAL SERVICES SUPERVISOR  
Name / Title: \_\_\_\_\_  
School / Department: POST & TELEVISION SERVICES  
Contact Telephone: 754-321-0208  
Participant's Signature: [Signature] Date: 6-3-16

## VENDOR / PRODUCT EVALUATION FORM

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 Supplier Contact: Shelley R. Lorren or Nick Christie  
 Contact Telephone: 985-231-4385 or 800-827-0127

Bid No.: 14-032N Purchase Order No.: Various

What was the product / service? Touch Screen Monitors, Cash Drawers and Keypads for MCS System (Cafeteria)

1. How do you rate the vendor in the following areas?

	1	2	3	4	5
	Poor	Fair	Good	Very Good	Excellent
Overall Customer Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Delivery as Scheduled or Promised	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

2. How satisfied are you with the vendor?

1 Not Satisfied <input type="checkbox"/>	2 Somewhat Satisfied <input type="checkbox"/>	3 Satisfied <input type="checkbox"/>	4 Very Satisfied <input checked="" type="checkbox"/>
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3. Would you use them again? Yes  No

### SECTION 2 – PRODUCT EVALUATION

4. How do you rate their product?

	1	2	3	4	5
	Poor	Fair	Good	Very Good	Excellent
Compliance with Specifications	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality as Compared to Similar Products	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Price as Compared to Similar Products	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Would you purchase this product or use this vendor again?

1 Very Unlikely <input type="checkbox"/>	2 Unlikely <input type="checkbox"/>	3 Probably <input type="checkbox"/>	4 Definitely <input checked="" type="checkbox"/>
---	--	--	---

\*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: Would like onboard battery in all models

Name / Title: Andy AD, technical services supervisor  
 School / Department: Food and Nutrition Services  
 Contact Telephone: \_\_\_\_\_  
 Participant's Signature: [Signature] Date: 6-1-2016