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, Sunrise, Florida 33351
For assistance with this form, please contact (754) 321-0527 or
E-mail to: jameswilliams@browardschools.com

SECTION 1 – SUPPLIER EVALUATION

Supplier Company Name: Konica
Supplier Contact:
Contact Telephone:

Bid No.: 56-022E Purchase Order No.: Various

What was the product / service? Standard copiers

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

	1 Poor	2 Fair	3 Good	4 Very Good	5 Excellent
Overall Customer Service	☐	☐	☑	☐	☐
Delivery as Scheduled or Promised	☐	☐	☑	☐	☐

2. How satisfied are you with the supplier?

1 Not Satisfied ☐ 2 Somewhat Satisfied ☑ 3 Satisfied ☐ 4 Very Satisfied ☐

3. Will you use them again? Yes ☑ No ☐

SECTION 2 – PRODUCT / SERVICE EVALUATION

4. How do you rate their product / service?

	1 Poor	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	☐	☑	☐	☐	☐

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: Industrial or commercial copiers are needed in the printing services department. Currently, regular business copiers are used which has resulted in fewer jobs being handled by the print shop.

Evaluation Form Completed By:

Name / Title: Nell Johnson Director
School / Department: Business Support Center
Contact Telephone: 754-321-0600
Participant's Signature: [signature] Date: 7/21/16