

Vendor Performance Survey

Vendor Information

Vendor Name _____

Vendor Address _____

Department Name _____

Purchase Order/Contract ID _____ Date _____

Submitted By _____ Signature _____

Comments

Poor Performance Criteria

▶ Check the appropriate boxes to describe the vendor's poor performance.

- Late Delivery – Vendor Notified
- Late Delivery – First Notice Written
- Late Delivery – Second Notice Written
- Delivery Made at Wrong Destination
- Improper Mode of Delivery
- Delivery Made Outside Specified Receiving Hours