# Socorro Independent School District

## Purchasing

## Vendor Reference Check

**Vendor Name:** _____

**Solicitation:** _____

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**Organization Name:** _____

**Representative Name & Title:** _____

**Contact Number/Email Address:** _____

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1. Is the vendor currently providing goods or services to your organization? Select
2. If not, when was the last time you conducted business with the vendor? _____
3. On a scale of 1-5 where 1 is unacceptable and 5 is superior, please rate the following:
   a. Quality of Goods and/or Services Provided..... Select
   b. Price for Goods and/or Services Provided..... Select
   c. Customer Service..... Select
   d. Presence of a Local Representative or Dedicated Point of Contact..... Select
   e. Invoicing..... Select
   f. Reliability in Providing Goods and/or Services as Agreed Upon..... Select
4. What do you consider to be their strongest and weakest attributes?

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5. Would you recommend that SISD conduct business with this vendor? Select

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**Completed By:** _____ **Date:** _____

**Notes:**

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