



**REFERENCE
CHECK**



Vendor Being Considered: _____

Your Business Name: _____

Your Contact Name: _____

Your Telephone No.: _____

The vendor listed above has listed your organization as a professional reference. The City of Leander appreciates your assistance with this process.

1. Describe the product(s) or service(s) that the vendor has provided your organization:

2. How long has your organization done business with the vendor? _____

3. How many procurements has the vendor completed for your organization? _____

4. Date of most recent procurement? _____

5. Dollar amount of most recent procurement? \$ _____

6. Do you experience change orders when utilizing this vendor? Y N

7. Were the product(s) or service(s) delivered on time? Y N

8. Were the product(s) or service(s) delivered within budget? Y N

9. When the vendor has provided service(s) with their procurements, please answer the following two questions:

A. Does the vendor utilize sub-contractor(s) to complete services for you? Y N

B. Have you been satisfied with the sub-contractor(s) performance? Y N

10. Would you recommend this vendor for future product(s) or service(s)? Y N

11. Please rate the quality of the vendor's product or service: 1 2 3 4 5
1-Poor, 2-Fair, 3-Average, 4-Good, 5-Excellent

12. Please rate the vendor's customer service: 1 2 3 4 5
1-Poor, 2-Fair, 3-Average, 4-Good, 5-Excellent

13. Please rate the vendor's post product or service customer service: 1 2 3 4 5
1-Poor, 2-Fair, 3-Average, 4-Good, 5-Excellent

14. Provide any additional comments regarding the vendor and the product(s) or service(s) provided:

E-mail to: jsimonton@leandertx.gov

For City of Leander Use Only

Like Client

Like Service

Ranking Score

Total Score

out of 5 + out of 5 + / 3 = out of 15