Interlake School Division

SUPPLIER / VENDOR REFERENCE CHECK FORM

Date:	
Project Description:	
Location/Rm #:	
Supplier / Vendor:	
Reference Name:	
Reference Position /	
Company	
Reference Check	
Performed By:	
Reference Questions:	
•	you done business with the supplier / vendor, and what have you
purchased / cont	
parenasca y cont	ructeu joi:
2. What has been y	our experience with the supplier's / vendor's compliance to timelines,
price quotations,	etc?
3. What has been y	our experience with the supplier's / vendor's product/service quality?
1 Have you ever he	ad a service issue with this supplier / vendor, and if so, did the supplier
-	he issue(s) to your satisfaction?
, remuor rectify t	ne issue(s) to your sunsquenem
5. Would you recon	nmend this supplier / vendor, and if so, why?
-	further you would like to communicate about the supplier / vendor
that would assist	in making a purchasing decision?

Once completed, please forward a copy to the Division Office

Attention: Human Resources