

Evaluation of Office of Purchasing Staff Visit

**Please return form to: Office of Purchasing, 213 Palafox Place, Pensacola, FL 32502
(Fax (850) 595-4805)**

Date of visit and Evaluation: / / (Visit) / / (Evaluation) _____

Division/Department: _____

Departmental Staff in Attendance: _____

Purchasing Staff in Attendance: _____

Purpose of Visit: _____

1	The purpose of the meeting was explained and an agenda (if applicable) was provided.	Yes <input type="checkbox"/> No (See Comments) <input type="checkbox"/> Not Applicable <input type="checkbox"/>
2	The subject of the meeting was pertinent to my job.	Yes <input type="checkbox"/> No (See Comments) <input type="checkbox"/> Not Applicable <input type="checkbox"/>
3	Purchasing staff provided an opportunity for departmental personnel to ask questions.	Yes <input type="checkbox"/> No (See Comments) <input type="checkbox"/> Not Applicable <input type="checkbox"/>
4	Requested/required information was provided during the meeting or forwarded following the meeting.	Yes <input type="checkbox"/> No (See Comments) <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5	This visit improved my understanding of purchasing procedures and the respective roles of the user department and Purchasing.	Yes <input type="checkbox"/> No (See Comments) <input type="checkbox"/> Not Applicable <input type="checkbox"/>
6	Overall, how would you rate the services you receive from the Office of Purchasing?	Satisfactory <input type="checkbox"/> Unsatisfactory (See Comments) <input type="checkbox"/> Do not Use <input type="checkbox"/>

Comments: _____

Name (Optional): _____

Thank you for taking the time to complete our survey. Your input is important to our continued improvement.