

The University of Chicago Financial Services

6054 S. Drexel Avenue Suite 400 Chicago, IL 60637-2612

VENDOR COMPLIMENT REPORT

| Name: | | |
|--|-----------------------|-----------|
| Name | email | Phone No. |
| Date of Compliment: | | |
| Purchase Order No. (If applicable): | | |
| Vendor Name: | | |
| Vendor Contact: | | |
| Name | | Phone No. |
| Description of Good or Service: | | |
| | | |
| Complete this form to recognize a vendor's our | standing performance. | |
| NATURE OF COMPLIMENT | | |
| Quality | | |
| Delivery Customer Service | | |
| Customer Service Other | | |
| | | |
| REMARKS | | |
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EMAIL COMPLETED FORM TO: ppscontract@uchicago.edu