



REFERENCE CHECK FORM

Fields highlighted in yellow are required to be filled out by Reference

Project Name:
Reference Check For (Vendor Name):

<i>Reference Check Information:</i>	
Date Reference Check Completed:	
Company Name:	
Individual Name:	
Telephone Number:	
Email Address:	

<i>Work Information:</i>	
Value of contract completed by Vendor:	
When contract commenced and completed:	
Describe type of work completed during contract:	

		Yes / No
1	Did the vendor complete the work on time?	
2	Did the vendor complete the work within the stated budget?	
3	How was it to work with the vendor?	
4	Please rate the quality of the finished product.	
5	Would You Hire Again?	
Please enter overall score from the matrix.		0

<u>Score for overall rating:</u>	
	Rating
Not acceptable =	0
Poor =	1
Good =	3
Excellent =	5
General Comments:	

Signature of Individual Completing Reference Check