PURCHASING CARD
CARDHOLDER SURVEY

CARDHOLDER NAME: ___________________________ DATE: ________________

(OPTIONAL)

Department ____________________________ (OPTIONAL)

Please respond to the following questions:

1) Did the purchasing card training and Guide adequately prepare you for using the card? (circle one)  Y  N
   If not, how could we improve or what additional information should we provide?
   __________________________________________________________

2) Does the Transaction Log work well for you? (circle one)  Y  N
   If not, how could we improve the form or what additional information should we provide?
   __________________________________________________________

3) Does the monthly reconciliation process work well for you? (circle one)  Y  N
   If not, how could we improve the reconciliation form or improve the process?
   __________________________________________________________

4) Do you prefer to use your Purchasing Card to the purchase order process? (circle one)  Y  N

   Please note any other difficulties you have experienced while using your Purchasing Card or the various processes.
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

5) Please list any other suggestions you have regarding the purchasing card program.
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________