Motor Coach Service Evaluation -- Please complete after returning from your motor coach trip and forward to Purchasing Services, 216 North Hall (425-3232).

PURPOSE: This completed evaluation will be used by Purchasing Services to monitor current motor coach service, to identify problems, seek resolutions and to help evaluate the vendor. This evaluation is not associated with any similar forms provided by the motor coach service, and it is for internal use only.

Dates of Motor Coach Trip: __________________________________________.

Motor Coach Service: □ “Contracted” Bus Lines
□ Other __________________________________________.

1. Was a trip itinerary provided to the motor coach service at least one week before the trip?
   □ Yes    □ No    □ Don't Know

2. How would you rate this trip overall?
   Please circle:   Excellent   Satisfactory   Poor
   10-----9-----8-----7-----6-----5-----4-----3-----2-----1

3. How would you rate the following areas on your trip?
   Please circle one for each area:
   a. Coach and Driver Promptness 10-----9-----8-----7-----6-----5-----4-----3-----2-----1
   b. Coach Cleanliness 10-----9-----8-----7-----6-----5-----4-----3-----2-----1
   c. Coach Mechanical Condition 10-----9-----8-----7-----6-----5-----4-----3-----2-----1
   d. Driver Knowledge of Itinerary 10-----9-----8-----7-----6-----5-----4-----3-----2-----1
   e. Driver Overall Professionalism 10-----9-----8-----7-----6-----5-----4-----3-----2-----1
   f. Driver Safety 10-----9-----8-----7-----6-----5-----4-----3-----2-----1

8. If there were service problems with this trip, please describe them in detail below. Please include dates, times, places, and people involved. Attach supporting statements from others if available. Please continue on the reverse as necessary.

DEPARTMENT/COLLEGE __________________________________________
INDIVIDUAL NAME __________________________________________
PHONE __________________