

**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.

