**RFP 16/2018 – Provision of travel management and related services**

**This document serves as reference referral and a service satisfaction survey for travel management services rendered by**

**company ……………………………………………………………………………………………….**

**Section A:**

**REFERENCE COMPANY WHO RECEIVED THE SERVICE:**

Company Name:

Company Address:

Service/Contract Period: Start date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ End date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company Representative Name:

Representative Designation:

Representative Contact Number:

Representative Email Address:

**Section B:**

**SURVEY ON SERVICE LEVELS:**

**Please tick only ONE option.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Criteria | | Excellent | Good | | Average | Below Average |
| Turnaround times | |  |  | |  |  |
| Reliability and accuracy | |  |  | |  |  |
| Accessibility and availability | |  |  | |  |  |
| Customer satisfaction – consultants support | |  |  | |  |  |
| Customer satisfaction – finance support | |  |  | |  |  |
| Effectiveness of the online solution | |  |  | |  |  |
| Compliance | |  |  | |  |  |
| Estimate value of annual travel management expenditure: | | | | | | |
| Below R50m | Between R50 – R100m | | | Above R100m | | |