

Vendor Evaluation Form

Date: _____

Vendor Name: _____

Contact Person: _____

Contact Information: _____

Evaluation Criteria

Criteria	Rating (1-5)	Comments
Quality of Products/Services	_____	_____
Delivery Timeliness	_____	_____
Cost Competitiveness	_____	_____
Customer Service	_____	_____
Compliance with Terms	_____	_____

Overall Assessment

Overall Rating: _____

Additional Comments: _____

Evaluator Name: _____

Signature: _____