

VENDOR EVALUATION WORKSHEET

Date: _____ Prepared By: _____

Evaluation No.: _____ Title: _____

Vendor/Supplier Information

Company Name:		Type of Business:		
Company Address:		Legal Form Under Which Business Operates:		
City:	State/Province:	Zip/Postal Code:	Phone:	Fax:
Names Of Salespeople:		Number Of Locations:		
		Name Of Key Contact:		

Place a checkmark in the appropriate column according to the following ratings:
 1 = Unsatisfactory; 2 = Satisfactory; 3 = Satisfactory; 4 = Satisfactory; 5 = Very Good.
 Add the number of checkmarks in each column, multiply them by the number heading of the column and enter the amount in the Column Totals. (If there are 4 checkmarks in Column 3, multiply 4 by 3 to get the total for column 3 in this case: 12) Add up all the Column Totals to arrive at a Total Rating.

Vendor Evaluation	1	2	3	4	5
1. Timeliness Of Deliveries					
2. Quality Of Parts/Products/Materials Delivery					
3. Overall Quality Of Products/Parts/Materials					
4. Competitiveness Of Price					
5. Quality Of Service Provided					
6. Competitiveness Of Terms And Conditions					
7. Credit Rating					
8. Overall Financial Condition (if known)					
9. Reputation Of Company					
10. Quality Of Design Compared To Specifications					
11. Level Of Analysis, Research And Development					
12. Expertise Of Sales Staff					
13. Technical Support Staff's Level Of Expertise					
Column Totals					

Total Rating:

