## **Vendor Evaluation**

| Name   |           |      |      |      |
|--|-----------|------|------|------|
| E-mail   |           |      |      |      |
| Extension  |           |      |      |      |
| Vendor Name  |           |      |      |      |
| Purchase Order Number (if applies):  |           |      |      |      |
|  |           |      |      |      |
|  | Excellent | Good | Fair | Poor |
| Timeliness of Deliveries   |           |      |      |      |
| Quality of Product Upon Delivery   |           |      |      |      |
| Overall Quality of Product   |           |      |      |      |
| Competitiveness of Price   |           |      |      |      |
| Quality of Service Provided  |           |      |      |      |
| Competitiveness of Terms & Conditions  |           |      |      |      |
| Expertise of Sales Staff   |           |      |      |      |
| Please share with us any positive or negative experiences you have had with this vendor: |           |      |      |      |