VENDOR EVALUATION FORM

VENDOR INFORMATION

Vendor Name		Vendor ID#	
Doing Business As: (if applicable)		PO#	
Date:		Purchase Amount	$
Contact or PM:		Completion Date:	

BRIEF DESCRIPTION OF ITEM/SERVICE:

_____

_____

EVALUATION

1. Was the item/service received in a timely manner as promised? YES ☐ NO ☐
2. Was the item/service deliver the results and quality that were promised? YES ☐ NO ☐
3. Was the invoice billing and pricing correct? YES ☐ NO ☐
4. Was the vendor easy to contact and communicate with? YES ☐ NO ☐
5. How would you rate the overall item/service?
   ☐ Excellent ☐ Good ☐Fair ☐Poor/Unsatisfactory

Comments: _____

_____

B-CU Department Information:

_____ _____ _____
PRINT NAME SIGNATURE DATE

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TO BE COMPLETED BY THE PROCUREMENT DEPARTMENT

Action Taken: YES ☐ NO ☐ _____

Procurement Agent: _____ Date: _____