

Construction Bid Tender Evaluation Form

Project Name: _____

Tender ID: _____

Evaluation Date: _____

Evaluator Name: _____

Bidder Evaluation Table:

Bidder Name	Bid Amount (USD)	Technical Compliance	Delivery Timeline	Remarks
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> On Time <input type="checkbox"/> Late	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> On Time <input type="checkbox"/> Late	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> On Time <input type="checkbox"/> Late	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> On Time <input type="checkbox"/> Late	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> On Time <input type="checkbox"/> Late	

Evaluator Notes:

1. _____
2. _____
3. _____

Final Recommendation:

- Approved
- Requires Revision
- Rejected

Evaluator Signature: _____

Date: _____