

Vendor Document Review Form

Vendor Information

Vendor Name: _____

Company Name: _____

Contact Person: _____

Phone Number: _____

Email Address: _____

Submission Date: _____

Document Details

Document Title: _____

Document Type: _____

Reviewed By: _____

Review Date: _____

Review Criteria

Criteria	Compliant	Non-Compliant	Comments
Document Completeness	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Accuracy of Information	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Formatting and Readability	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Compliance with Standards	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Supporting Documents Attached	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
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Reviewer Comments

Approved **Requires Revision** **Rejected**

Reviewer Name: _____

Signature: _____

Date: _____