**Service Vendor Evaluation Form**

#### **Vendor Information**

**Vendor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Business Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

#### **Service Details**

**Type of Service Provided: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Contract Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contract End Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Service Frequency: [ ] One-time [ ] Weekly [ ] Monthly [ ] Annually**

#### **Evaluation Criteria**

**Rate the vendor's performance based on the criteria below (1 = Poor, 5 = Excellent).**

| **Criteria** | **1** | **2** | **3** | **4** | **5** |
| --- | --- | --- | --- | --- | --- |
| **Quality of Service Provided** | **[ ]** | **[ ]** | **[ ]** | **[ ]** | **[ ]** |
| **Timeliness of Delivery** | **[ ]** | **[ ]** | **[ ]** | **[ ]** | **[ ]** |
| **Communication & Responsiveness** | **[ ]** | **[ ]** | **[ ]** | **[ ]** | **[ ]** |
| **Pricing & Cost Effectiveness** | **[ ]** | **[ ]** | **[ ]** | **[ ]** | **[ ]** |
| **Customer Support** | **[ ]** | **[ ]** | **[ ]** | **[ ]** | **[ ]** |
| **Compliance with Contract Terms** | **[ ]** | **[ ]** | **[ ]** | **[ ]** | **[ ]** |
| **Overall Vendor Performance** | **[ ]** | **[ ]** | **[ ]** | **[ ]** | **[ ]** |

#### **Final Comments & Recommendation**

**Overall Satisfaction: [ ] Satisfied [ ] Neutral [ ] Unsatisfied  
Would you recommend this vendor for future projects? [ ] Yes [ ] No  
Additional Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Evaluator Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Evaluator Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**