

# Vendor Selection Evaluation Form

## Vendor Information

Vendor Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

Vendor Category:  Manufacturer  Service Provider  Distributor

## Selection Criteria

Years in Business: \_\_\_\_\_

Business Location: \_\_\_\_\_

Past Performance & References:

\_\_\_\_\_

Pricing & Payment Terms: \_\_\_\_\_

Compliance with Industry Standards:  Yes  No

## Vendor Scoring

Criteria	Score (1-10)	Comments
Product/Service Quality		
Delivery Efficiency		
Pricing & Cost		
Customer Support		
Contract Compliance		
Innovation & Value-Added Services		

## Final Decision

Approved for Selection:  Yes  No

Justification for Selection/Rejection: \_\_\_\_\_

Evaluator Name: \_\_\_\_\_

Evaluator Signature: \_\_\_\_\_ Date: \_\_\_\_\_