



VENDOR EVALUATION FORM
Goods, Equipment, Supplies

Vendor Name:
Address:
Vendor ID:
SJC Project No.:
PO Number:
Description and location of work:

Table with 3 columns: YES, NO, COMMENTS. Rows include: Vendor delivers on time, Vendor identifies or marks packages correctly, Vendor make courteous deliveries, Vendor provides proper and accurate delivery receipts, Vendor accurately packs shipment lists with packages, Vendor shorts PO quantities, Vendor delivers overages of PO quantities, Vendor promptly replaces rejected items.

Overall Evaluation

Satisfactory ___ Unsatisfactory ___

General Comments:

Large empty rectangular box for general comments.

Name of Evaluator:
Title:
Department:
Date: