



VENDOR EVALUATION FORM
Services

Vendor Name: _____

Address: _____

SJC Project No.: _____

Description and location of work: _____

	Satisfactory	Unsatisfactory	Comments
Quality of Work	_____	_____	_____
Timely Performance	_____	_____	_____
Level of Service	_____	_____	_____

Overall Evaluation

Satisfactory _____

Unsatisfactory _____

General Comments:

Name of Evaluator: _____

Title: _____

Department: _____

Date: _____