

SUPPLIER EVALUATION REPORT

EVALUATED ORGANIZATION

Vendor Name
Street Address
City, State, Zip Code

DATE(S)

Month - Day(s) - Year

EVALUATION TEAM

PRIMARY SUPPLIER CONTACT(S)

SCOPE

To determine Vendor Name qualification as a distributor of standard commercial parts and materials to Contractor's Name.

EVALUATION RESULTS

- A. Summary:
- B. Findings:
- C. Observations

Initials & Last Name
Title
Assessor Team Leader