

# Supplier Evaluation Form

Supplier Name

Contact Person

Address

Date of Evaluation

Evaluator

## Evaluation Criteria

Criteria	Score (1-5)	Remarks
Quality of Goods/Services	<input type="text"/>	<input type="text"/>
Delivery Timeliness	<input type="text"/>	<input type="text"/>
Pricing	<input type="text"/>	<input type="text"/>
Responsiveness	<input type="text"/>	<input type="text"/>
After-sales Support	<input type="text"/>	<input type="text"/>

Overall Comments

Recommendation

Select

