

VENDOR EVALUATION FORM

Please complete this form to evaluate vendor performance, products and services. All information provided below should be accurate, complete and written in a professional manner, based upon actual experiences with the names vendor.

If additional space is needed please use back of form.

		Date sent to Purchasing
District/Office	Federal Tax I.D. # Vendor Name:	Date Req./Contract issued
	Address:	
		Req. No.:
	City, State, Zip Code:	
P. 0.#		Bid/Contract No.:

Please provide on explanation and/or comments in detail. Please check the appropriate box.

- 1. No Delivery
- 2. Untimely Delivery
- 3. Inferior item or work
- 4. Unable to contact
- 5. Other

Comments: _____

Approved by: Title:	Telephone Number:	Signature:
Name & Title of person initiating:	Telephone Number:	Signature:

Submit to: ODOT
 Office of Contracts
 Purchasing Services section
 1980 W. Broad Street, 1st floor
 Columbus, Ohio 43223