

# Vendor Selection Scorecard

## Vendor Information

- Vendor Name: \_\_\_\_\_
- Product/Service: \_\_\_\_\_
- Contact Person: \_\_\_\_\_
- Contact Information: \_\_\_\_\_
- Evaluation Date: \_\_\_\_\_

## Scoring Criteria

Category	Weight (%)	Score (1-5)	Weighted Score	Comments
Product/Service Fit	___%	___	___	Suitability for our specific needs
Cost Competitiveness	___%	___	___	Market-aligned pricing
Reputation & References	___%	___	___	Reviews, testimonials, prior projects
Technical Expertise	___%	___	___	Industry knowledge, certifications
Scalability	___%	___	___	Ability to grow with demand
Innovation	___%	___	___	Unique offerings, creative approaches

<b>Geographical Proximity</b>	____%	____	____	Location and its logistical advantages
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**Selection Comments**

- **Strengths Identified:**

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- **Concerns Raised:**

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**Total Weighted Score:** \_\_\_\_\_