

# 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
-------------------------------	-------	------	------	--

### Selection Comments

- **Strengths Identified:**

---

- **Concerns Raised:**

---

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