

# Cross-Border Transport Vendor Evaluation Sheet

Vendor Name:

Date of Evaluation:

Evaluator Name:

## Company Information

Company Address:

Contact Person:

Contact Number/Email:

## Evaluation Criteria

Criteria	Description	Score	Remarks
Compliance with Regulations		<input type="text"/>	<input type="text"/>
Fleet Condition & Maintenance		<input type="text"/>	<input type="text"/>
Timeliness & Reliability		<input type="text"/>	<input type="text"/>
Cost Competitiveness		<input type="text"/>	<input type="text"/>
Customer Service		<input type="text"/>	<input type="text"/>
Insurance & Liability		<input type="text"/>	<input type="text"/>
Experience with Cross-Border Transport		<input type="text"/>	<input type="text"/>

## Additional Comments/Notes

**Overall Recommendation:**

**Evaluator Signature:**