

IT Vendor Technical Evaluation Form

Vendor Name

Contact Person

Email

Phone

Date

Project / Solution Name

Brief Description

Technical Evaluation Criteria

Criteria	Score	Comments
Technical Capability	<input type="text"/>	<input type="text"/>
Compliance with Requirements	<input type="text"/>	<input type="text"/>
Integration & Compatibility	<input type="text"/>	<input type="text"/>
Scalability	<input type="text"/>	<input type="text"/>
Vendor Support	<input type="text"/>	<input type="text"/>

Other Strengths / Weaknesses

Final Evaluation / Recommendation

Evaluator Name

Evaluator Signature