

Restaurant Vendor Performance Evaluation Form

Vendor Information

Vendor Name

Contact Person

Evaluation Date

Evaluator Name

Performance Criteria

Quality of Goods/Services

☐☐☐☐☐

Timeliness of Delivery

☐☐☐☐☐

Responsiveness to Issues

☐☐☐☐☐

Professionalism

☐☐☐☐☐

Pricing

☐

- ☐
- ☐
- ☐
- ☐

Compliance with Requirements

- ☐
- ☐
- ☐
- ☐
- ☐

Comments & Suggestions

Evaluator Signature

Date