## **Food Vendor Evaluation Feedback**

Vendor Name
Date of Evaluation
Food Quality
C 1
C 2
C 3
C 4
<b>○</b> 5
Service
O 1
C 2
C 3
C 4
<b>○</b> 5
Timeliness
O 1
C 2
<b>C</b> 3
C 4
<b>○</b> 5
Cleanliness
O 1
C 2
C 3
C 4
<b>○</b> 5
Menu Variety
O 1
C 2
C 3
C 4
<b>○</b> 5
Additional Comments