Item	Vendor	Product to be purchased	Review Criteria ☑ - *Acceptable* ☒ - *Not Acceptable*	* Overall Status
1.			Price : ☐ Quality : ☐ Respond : ☐	Acceptable [ ] Not Acceptable [ ]
2.			Price : ☐ Quality : ☐ Respond : ☐	Acceptable [ ] Not Acceptable [ ]
3.			Price : ☐ Quality : ☐ Respond : ☐	Acceptable [ ] Not Acceptable [ ]
4.			Price : ☐ Quality : ☐ Respond : ☐	Acceptable [ ] Not Acceptable [ ]
5.			Price : ☐ Quality : ☐ Respond : ☐	Acceptable [ ] Not Acceptable [ ]
6.			Price : ☐ Quality : ☐ Respond : ☐	Acceptable [ ] Not Acceptable [ ]

Date : _____

Prepared by	Reviewed by	Approved by
_____ ( )	_____ ( )	_____ ( )