VENDOR SELECTION WORKSHEET

COURSE TITLE: _____

VENDOR INFORMATION (Name, Address, POC, and Telephone)	VENDOR EVALUATION						
	ABILITY TO MEET IDENTIFIED TRAINING NEEDS	QUALITY OF TRAINING INCLUDING METHODS	ABILITY TO MEET TIMEFRAME	REFERENCE CHECKS OR PRIOR SERVICES	TOTAL COST	TOTAL NUMERICAL RATING FOR ALL FACTORS	COMMENTS
Vendor Name: Address: POC Telephone No.							
Vendor Name: Address: POC Telephone No.							
Vendor Name: Address: POC Telephone No.							

Rating Scale: 4 - Excellent
3 - Good
2 - Fair
1 - Poor

Recommended Vendor	
Responsible Specialist	
Responsible Specialist Signature	Date Signed (DD MMM YYYY)