University of Vermont Purchasing Services
Quotation Evaluation Form

This form must be completed for all purchases greater than $25,000, but less than $50,000. A minimum of three quotes should be obtained and attached to this form. If this purchase is determined by your department to be a Sole or Single Source, please complete a Single/Sole Source Justification Form instead.

Prepared by: ___________________________ Department: ___________________________ Phone: _____________

Purchase Description: ________________________________________________________________________________________________________________________________________________
______________________________________________________________________________________________________________________________________________

Required Delivery Date: _________________

Company 1.) ______________________ 2.) ______________________ 3.) ______________________
______________________       ______________________       _____________
______________________       ______________________       ______________________

Total Price   $ ___________________ $ ___________________ $ ___________________

After evaluating all of the above, please make your supplier recommendation below. If the decision is based on anything other than price, please describe the reasoning and value for the selection.

Recommended Supplier: ________________________________________________________________________________________________________________________________________________

Basis for Recommendation: ________________________________________________________________________________________________________________________________________________
______________________________________________________________________________________________________________________________________________
______________________________________________________________________________________________________________________________________________

The information provided above is accurate and represents a fair and impartial evaluation of quotations received.

Name/Title: ___________________________ Date: ___________________

Signature: ___________________________ Phone: ___________________

Please scan and attach to your requisition in PeopleSoft referencing your requisition ID#.

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