

Vendor Quotation Analysis Form

Project/Department:

Date:

Items/Services Required:

Vendors' Quotations

Criteria	Vendor 1	Vendor 2	Vendor 3
Vendor Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Quoted Price	<input type="text"/>	<input type="text"/>	<input type="text"/>
Delivery Time	<input type="text"/>	<input type="text"/>	<input type="text"/>
Payment Terms	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other Remarks	<input type="text"/>	<input type="text"/>	<input type="text"/>

Recommendation/Remarks:

Prepared By:

Approved By: