|  |
| --- |
| **Products/Services Provided** |
| Click or tap here to enter text. |
| **Requirements of the Provider** |
| Click or tap here to enter text.*Quality of service/product?**Timely service/delivery?**Customer service?**Technical support?**Cost of service/product?**Accreditation?**Geographical location?**Etc.* |
| **Criteria Used to Evaluate Provider** |
| Click or tap here to enter text.*Consumer Reports?**Past experience?**Testing/evaluation of product/service?**Etc.* |
| **Criteria Used to Select Provider** |
| Click or tap here to enter text.*Quality of service/product?**Timely service/delivery?**Customer service?**Technical support?**Cost of service/product?**Lowest bidder?**Government contract?**Accreditation?**Geographical location?**Consumer Reports?**Past experience?**Testing/evaluation of product/service?**Scoring matrix?**Etc.* |
| **Considerations** |
| Click or tap here to enter text. |

|  |  |
| --- | --- |
| **Reviewed by:** |  |

|  |  |
| --- | --- |
| **Approved to use by:**  |  |
| **Title of approver:** |  |
| **Date approved:**  |  |

**OR**

|  |  |
| --- | --- |
| **Provider denied for use by:** |  |
| **Title of denier:** |  |
| **Denial effective date:** |  |