



Please fill out this form in an objective, verifiable manner. Upon completion, please return to the CAP project manager or submit a ticket by using the CAP catalog items under Capital Assets Management in [ServiceNow](#).

PROJECT

CAP project number	Project name
--------------------	--------------

EVALUATOR

Name	Email
Entity name	Phone

VENDOR/EVALUEE

Vendor type	Entity name		
Contact name	Email	Phone	
Address	City	State	ZIP code

EVALUATION

Cost management	Timely completion
Policy and procedure compliance	Communication
Customer satisfaction	Customer satisfaction explanation

SUBMITTED BY

Name	
Signature	Date