Squaxin Island Tribe
Bid Evaluation Form

Required for purchases over $3,000.00

Date of Bid: _____

Item Description:

Vendor Name/ Point of Contact's Name/ Phone Number:	Bid Amount	Accepted:
1.		☐
2.		☐
3.		☐
4.		☐

Accepted Vendor: _____

Bid Accepted $ _____

Justification for Accepting Bid Other Than Lowest:

Bids Received By: _____ Date: _____

Bids Approved By: _____ Date: _____

Title: _____

Squaxin Island Tribe
Form #102