



Squaxin Island Tribe Bid Evaluation Form

Required for purchases over \$5,000.00

Date of Bid: _____

Item Description:

Vendor Name/Point of Contract's Name/Phone Number:

Bid Amount

1. _____

\$ _____

2. _____

\$ _____

3. _____

\$ _____

4. _____

\$ _____

Accepted Vendor:

Bid Accepted

\$ _____

Justification For Accepting Bid Other Than Lowest:

Bids Received By: _____

Date: _____

Bids Approved By: _____

Date: _____

Title: _____