|  |  |  |  |
| --- | --- | --- | --- |
| Logo | **[Nombre de la empresa]** | Fecha: | Dd/mm/aaaa |
| Código: | 00 |

**FORMATO DE EVALUACIÓN DE PROVEEDORES**

|  |  |  |  |
| --- | --- | --- | --- |
| **Nombre/Razón social:** |  | **RFC:** |  |
| **Domicilio:** |  | | |
| **Teléfono:** |  | **Correo electrónico:** |  |
| **Representante legal:** |  | | |
| **Tipo de proveedor:** |  | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Criterios de evaluación** | | | | **Cumple** | | **Calificación** | |
| **Factor** | **Criterio** | | | **Sí** | **No** | **Máx.** | **Asig.** |
| [Agregar texto] | [Agregar texto] | | |  |  |  |  |
| [Agregar texto] | [Agregar texto] | | |  |  |  |  |
| [Agregar texto] | [Agregar texto] | | |  |  |  |  |
| [Agregar texto] | [Agregar texto] | | |  |  |  |  |
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| [Agregar texto] | [Agregar texto] | | |  |  |  |  |
| [Agregar texto] | [Agregar texto] | | |  |  |  |  |
| [Agregar texto] | [Agregar texto] | | |  |  |  |  |
| [Agregar texto] | [Agregar texto] | | |  |  |  |  |
| **Calificación total** | | | | | |  |  |
|  | | | | | | | |
| **Observaciones** | | | | | | | |
| [Agregar texto] | | | | | | | |
|  | | | | | | | |
| **Interpretación de la calificación** | | | | | | | |
| **Calificación** | | [Agregar texto] | [Agregar texto] | | | | |
| [Agregar texto] | [Agregar texto] | | | | |
| [Agregar texto] | [Agregar texto] | | | | |
|  | | | | | | | |
| **Área encargada** | | | | | | | |
| **[Nombre del departamento]** | | |  | | | | |
| [Nombre del responsable] | | | | |
| **[Cargo que ocupa]** | | | | |