COPIER SPECIFICATION	VENDOR NAME BRAND/MODEL WEIGHT SCALE 1-10	COPIER #1 SCORE SCALE 1-10	 TOTAL WEIGHT X SCORE	COPIER #2 SCORE SCALE 1-10	 TOTAL WEIGHT X SCORE	COPIER #3 SCORE SCALE 1-10	 TOTAL WEIGHT X SCORE
PRICE							
COPY QUALITY							
EASE OF OPERATION							
PHYSICAL SIZE							
WARRANTY/SERV. PLAN							
DELIVERY							
REFERENCES							
NETWORK CAPABLE							
SPEED							
		GRAND TOTAL		GRAND TOTAL		GRAND TOTAL	

DEPARTMENT NAME: _____

EVALUATOR NAME(S): _____

SIGNATURE: _____

DATE: _____

REQUISITION NUMBER: _____

FORWARD THIS FORM TO PURCHASING DEPARTMENT WITH YOUR REQUISITON.