CANVASS FORM

PR No._____
Canvass No. _____

To (Supplier): _____   Date: _____

Address: _____

Tax Identification Number (TIN): _____ ☐VAT   ☐ NON VAT   ☐EXEMPT

Tel. No. _____

May we request you to prices for the items listed below? Please return this form to the
canvasser in sealed envelope or submit it to the Bids and Awards Committee of the
DSWD-X, Upper Carmen, CDOC on or before _____9 AM_____ (time) ___,September 11, 2020___(date)
immediately after the deadline of submission canvass will be opened.

Item No.	Description	Qty	Unit	Unit Price	Total Price
	Meals and accommodation x 2 days x 28pax **Amenities:** **Free wireless internet access** **Free LCD projector** **Free white board and LCD screen** **Air-conditioned room** **Free sound system and accessories** **Parking area can accommodate 30-50 vehicles** **2-3 Participants per Room** **Provision of Bottled water Daily** **Food:** **Inclusive Breakfast** **Inclusive AM snack** **Inclusive Lunch** **Inclusive PM snack** **Inclusive Dinner** **Free Flowing Coffee** **(4 viand with rice, desert and sofdrinks or juice)** **(1 set of snack with drinks either softdrinks or juice)** xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	**1**	**job**		
	TOTAL AMOUNT				
Approved Budget: PHP					
Mode of Payment:					
DELIVERY PERIOD: Calendar days upon receipt/conforme of approved P.O.					

Note: 1. Quotations must be valid for 15 days
         2. Prices quoted must include taxes and other incidental expenses
         3. Prices quoted must be fixed for 15 days calendar days
         4. Cost of delivery   ☐ To include   ☐ Not to include
         5. Award shall be made   ☐ On per item Basis   ☐ On per package basis

Canvass Submitted by: Approved by:

_____   **MARI-FLOR A. DOLLAGA-LIBANG**
  Signature Over Printed Name   Regional Director
      Owner/Manager

          date received:_____
          date received:_____