

Republic of the Philippines  
**KAGAWARAN NG PANLIPUNAN KAGALINGAN AT PAGPAPAUNLAD**  
 Department of Social Welfare and Development  
 Field Office No. X  
 Cagayan de Oro City

**CANVASS FORM**

PR No. \_\_\_\_\_  
 Canvass No. \_\_\_\_\_  
 Date: \_\_\_\_\_

To (Supplier): \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Tax Identification Number (TIN): \_\_\_\_\_  
 Tel. No. \_\_\_\_\_

VAT     NON VAT     EXEMPT

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
1	<b>FULL BOARD ACCOMMODATION</b> <b>No. of Participants: 35 pax</b> <b>No. of Days: 1 day</b> <b>Amenities:</b> Free wireless Wifi Access Free LCD projector Free white board and LCD screen Fully Air conditioned Free sounds system and accessories w/ operator Parking area can accommodate 30-50 vehicles Function must have accessible CR w/ tissue and soap provisions <b>Meals:</b> Rice, 4-viands, side dishes, Desserts, Fruits & Drinks Inclusive Breakfast Inclusive AM snacks with drinks Inclusive Lunch Inclusive PM snacks with drinks Inclusive Dinner Free Flowing Coffee Standby Hot and Cold water dispenser <b>Billeting:</b> 2-3 Pax in a room Comfort room with soap, tissue, shampoo, towels daily provisions Provision of Bottled water Daily basis <b>Note: MUST HAVE A DOH PROTOCOL            POLICY</b> xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	1	job		
<b>TOTAL AMOUNT</b>					
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: \_\_\_\_\_

\_\_\_\_\_  
 Signature Over Printed Name  
 Owner/Manager

**MARI-FLOR A. DOLLAGA-LIBANG**  
 Regional Director

date received: \_\_\_\_\_

date received: \_\_\_\_\_