

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) ____ Sept. 9, 2021 ____ (date) immediately after the deadline of submission canvass will be opened.

Item No.	Description	Qty	Unit	Unit Price	Total Price
	Meals and Snacks & accommodations (3 batches)				
	1st Batch				
	3 Meals and 2 Snacks with Accommodation	40	pax		
	3 Meals and 2 Snacks with Accommodation	40	pax		
	3 Meals and 2 Snacks	40	pax		
	2nd Batch				
	3 Meals and 2 Snacks with Accommodation	40	pax		
	3 Meals and 2 Snacks with Accommodation	40	pax		
	3 Meals and 2 Snacks	40	pax		
	3rd Batch				
	3 Meals and 2 Snacks with Accommodation	35	pax		
	3 Meals and 2 Snacks with Accommodation	35	pax		
	3 Meals and 2 Snacks	35	pax		
	Amenities:				
	*Air-conditioned Function Room				
	*Free Sound System and Accessories				
	*Free White Board and LCD Screen				
	Food:				
	*Flowing Coffee				
	Menu:				
	Meal:				
	*1 meal				
	*3 varieties of viand				
	*1 dessert				
	*Drinks				
	Snack:				
	*1 set of am snack				
	*1 set of pm snack				
	*drinks				
	Venue: within Misamis Oriental/CDO City				
	XX				
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
Regional Director

Signature Over Printed Name
Owner/Manager

date received: _____

date received: _____