## 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**

To (Supplier):			PR No Canvass No Date:				
Address: Tax Identification Number (TIN): Tel. No							
canvasser ir DSWD-X, U immediatel	uest you to prices for the items listed bel n sealed envelope or submit it to the Bid pper Carmen, CDOC on or before ly after the deadline of submission c	s and Awards Com 9 AM	mittee of the (time)	ne			
Item No.	Description		Qty	Unit	Unit Price	e Total Price	
	FOODS & SNACKS 2 meals & 4 snacks (2 days activity)		75	pax			
	xxxxxxxxxxxxxxxxxxxxxxxxxxxxx	xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	xxxxxxxx	xxxxxxx	(XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	(	
TOTAL	. Amount						
	Budget: PHP						
Mode of Pa							
DELIVERY	PERIOD: Calendar days upon rece	ipt/conforme of a	pproved F	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						
Canvass S	submitted by:			Approved by:			
Signature Over Printed Name Owner/Manager					MARI-FLOR A. DOLLAGA-LIBANG Regional Director		
	date received:						

date received:\_