## 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**

Address: Tax Identifid Tel. No May we requ	cation Number (TIN):e  est you to prices for the items listed below? Please return	n this form to			
	sealed envelope or submit it to the Bids and Awards Cor			04 (14)	
-	oper Carmen, CDOC on or before 9 AM		Sept. 13, 20	21(date)	
mmediately	after the deadline of submission canvass will be o	репец.			
Item No.	Description	Qty	Unit	Unit Pric	e Total Price
	Proposed DSWD Filed Office - 10 Additional 4 Tellers AICS - CIU and Cash Clients Center Facility During COVID 19				
	Pandemic	1	lot	l	
	xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	XXXXXXX	XXXXXXXX	xxxxxx	
TOTAL	AMOUNT		•	-	
	udget: PHP				
Mode of Payment:					
DELIVERY	PERIOD: Calendar days upon receipt/conforme of	approved 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  To include  On per item Basis  On per package basis				
Canvass Submitted by:				Approved by:	
Signature Over Printed Name Owner/Manager  date received:					A. DOLLAGA-LIBANG

date received:\_