

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): _____ 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) Sept. 20, 2021 (date) immediately after the deadline of submission canvass will be opened.

Item No.	Description	Qty	Unit	Unit Price	Total Price
	BATCH 1				
	Day 1				
	Meals and Accommodation (3 Meals and 2 Snacks)	35			
	Day 2				
	Meals and Accommodation (3 Meals and 2 Snacks)	35			
	BATCH 2				
	Day 1				
	Meals and Accommodation (3 Meals and 2 Snacks)	35			
	Day 2				
	Meals and Accommodation (3 Meals and 2 Snacks)	35			
	Amenities:				
	Free wierless internet access				
	Free LCD Projector				
	Free White Boad and LCD Screen				
	Air-conditioned Room				
	Free Sound System and Accessories				
	Parking Area can accommodate 30-50 vehicles				
	3-4 persons per room				
	Provision of Bottled Water Daily				
	Food:				
	Inclusive Breakfast				
	Inclusive AM Snack				
	Inclusive Lunch				
	Inclusive PM Snack				
	Inclusive Dinner				
	Free Flowing Coffee				
	(3 viand with rice, dessert and 1 set of drinks either softdrinks or juice)				
	(1 set of snack with drinks either softdrinks or juice)				
	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:

Signature Over Printed Name
Owner/Manager

MARI-FLOR A. DOLLAGA-LIBANG
Regional Director

date received: _____

date received: _____