

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

Item No.	Description	Qty	Unit	Unit Price	Total Price
	500 ml Alcohol with Spray				
	Twin Coreless Tissue				
	10 ps Face Mask	400	set		
	1 Faceshield				
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: _____