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				
To (Supplie	er):			Date:				
Tax Identifi	cation Number (TIN):		☐ VAT		NON VAT	EXEMPT		
Tel. No								
-	uest you to prices for the items listed below							
	sealed envelope or submit it to the Bids a							
	pper Carmen, CDOC on or before			2, 202	21(date)			
immediatei	y after the deadline of submission can	vass will be opened	J.					
Item No.	Description	Qty	Un	it	Unit Price	Total Price		
	2 meals and 2 snacks							
	3 days	50	pa	x				
	xxxxxxxxxxxxxxxxxxxxxxxxxxxxx	, , , , , , , , , , , , , , , , , , ,			XXXXXX			
ΤΟΤΔΙ	. AMOUNT							
	Budget: PHP							
Mode of Pa								
	PERIOD: Calendar days upon receipt	/conforme of appro	ved 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 inclu	ıde		Not to include			
	5. Award shall be made	C On per	item Basis		On per package ba	asis		
		-						
Canvass S	ubmitted by:				Approved by:			
					MADIELOD A D	OLLACA LIDANO		
Cianotur	a Over Drinted Name				MARI-FLOR A. DOLLAGA-LIBANG Regional Director			
Signature Over Printed Name					Regional Direct	lUi		
	Owner/Manager							
	date received:							

date received:_