

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) September 11, 2020 (date) immediately after the deadline of submission canvass will be opened.

Item No.	Description	Qty	Unit	Unit Price	Total Price
	FULL BOARD ACCOMMODATION Batch 4 No. of Participants: 19 pax No. of Days: 1 day Batch 5 No. of Participants: 17 pax No. of Days: 1 day Amenities: Free wireless Wifi Access Free LCD projector Free white board and LCD screen Fully Air conditioned Free sounds system and accessories w/ operator Parking area can accommodate 30-50 vehicles Function must have accessible CR w/ tissue and soap provisions Meals: Rice, 4-viands, side dishes, Desserts, Fruits & Drinks Inclusive Breakfast Inclusive AM snacks with drinks Inclusive Lunch Inclusive PM snacks with drinks Inclusive Dinner Free Flowing Coffee Standby Hot and Cold water dispenser Billeting: 2-3 Pax in a room Comfort room with soap, tissue, shampoo, towels daily provisions Provision of Bottled water Daily basis Note: MUST HAVE A DOH PROTOCOL POLICY XX	1	job		
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: _____