

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. 06, 2021    (date) immediately after the deadline of submission canvass will be opened.

Item No.	Description	Qty	Unit	Unit Price	Total Price
	<b>Vitamins (Vitamin B-complex + Ascorbic Acid + Calcium + Magnesium + Zinc) 15 tabs per tube</b> XX	1,500	tube		
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: \_\_\_\_\_