

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) Oct. 11, 2021 (date) immediately after the deadline of submission canvass will be opened.

| Item No.  | Description  | Qty           | Unit       | Unit Price | Total Price |
|---|--|---------------|------------|------------|-------------|
|   | <b>RISO</b>  |               |            |            |             |
|   | <b>General Intake Sheet</b>  | <b>40,000</b> | <b>pcs</b> |            |             |
|   | <b>Acknowledgement Receipt Form with Certificate of Eligibility Form</b>         | <b>40,000</b> | <b>pcs</b> |            |             |
|   | 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: \_\_\_\_\_