Republic of the Philippines

tment of Social Welfare and Development- Field (No. 02

Regional Government Center, Carig, Tuguegarao City

CANVASS FORM for TRAINING ACTIVITIES 23-03-0278

23-03-0278

Reference:
PR# 2023-03-0562

Date: 3/27/23

Dear Sir / Madam:

Date:

Kindly furnish us your lowest quotation (at government price) of your TRAINING FACILITY in connection with an activity our office intends to conduct. Please submit the duly filled-up canvass form in a SEALED ENVELOP addressed to THE SECRETARIAT, BAC, DSWD Field Office 02, Carig, Tuguegarao City 3 days after the date of receipt.

QTY	UNIT	DESCRIPTION		UNIT COST Inclusive of Tax	TOTAL AMOUNT Inclusive of Tax	
		A. USE OF CONFERENCE HALL/FACILITIES				
		VENUE:	Bayombong/Solano			
		Date:	May 19, 2023 and December 21, 2023			
		with walls f welcome st and operat	Room that can accommodate the desired number of participants, for posting of workshop outputs in newsprints size 2x4m, backdrop and reamer, airconditioned, with adequate lighting, with sound system fonal cassette or CD player, with at least two functioning microphones, rojector and screen, white board, eraser, lectern and flag			
		B.FOOD Based on the End User's MENU(Please see attached menu)(Packed)				
62	pax	May 19,2	023- AM Snacks, Lunch and PM Snacks			
62	pax	Decembe	er 21, 2023-AM Snacks, Lunch and PM Snacks			
		C. OTHER REQUIREMENTS BY THE END-USER				
			Free overflowing coffee/hot choco,			
		TOTAL A	PPROVED BUDGET= P62,000.00			
PURPOSE:		conduct of POO4 First and Second Semestral cluster meeting				
TERMS	:		Very truly yours,		11	
QUOTI Name				BAGCA	ARAO, JR. airperson ctor III	
Signatu	ure / Date		CANVASSED BY	:		
Telepi	hone No.		· · · · · · · · · · · · · · · · · · ·	CANVASSER		
	n no.			(Signature ov	er Printed name)	
Bus. A	count: ddress					
ACKNOWLEDGEMENT RECEIPT						

This is to acknowledge receipt of Request for Price Quotation with RFQ Number 23-03-0278 from the Department of Social Welfare and Development (DSWD) Field Office 02, Regional Center, Carig, Tuguegarao City, Cagayan.

Name of Company/Supplier/Bidder/Service Provider:

Signature over Printed Name of Representative

Date Received



