



**Republic of the Philippines
SOCIAL SECURITY SYSTEM
East Avenue, Diliman, Quezon City**

REQUEST FOR QUOTATION

2020-0003

January 9, 2020
Date

PHILGEPS REF. NO.: 6797780
DATE POSTED : 01-15-20
POSTED BY : ERIKA

Sir / Madam :

Please furnish us with your quotation on or before **January 20, 2020 @ 5:00PM** for the following items:

No.	Quantity	PARTICULARS	Unit Cost	Total Cost
1	24 Months (3 Units)	Mobile Internet Subscription , with the following requirements: ABC = P 1,000.00 / Month / Unit *LTE Capable, available to data only; *Up to 42 Mbps speed with 13GB of allowable data. FOR: Mr. Neil Hernaez, DM III VisMin LAD; Mr. Antonio Argabioso, Concurrent DM III, LAD; Ms. Christine Grace Francisco, BH III Makati-Ayala Branch GRAND TOTAL ABC = P 72,000.00 NCD – Memo received by PPMD dated 1-9-2020 with Request # 2020-0007 [FY 2020 APP (Original) – IT Operations – Wireless Internet for 50 Executives (Pocket Wifi for L3M up) for 2 Years – Renewal & New Subscription under PAP Code no. 340)	P _____/Month per Unit	P _____

Payment Terms: Government Terms (Payment is upon full delivery of items / services and submission of billing documents.)

Price validity : Three (3) Months

- NOTE/S:**
- 1.) **For canvass with an ABC of P 100,000.00 and above**, the winning bidder is required to post a Performance Bond from receipt of Notice of Award equivalent to 5% Cash (Goods & Consulting Services) & 10% Cash (Infrastructure), Cashier's / Manager's Check, Bank Guarantee / Draft or 30% Surety Bond callable upon demand, of the contract price.
 - 2.) **Supplier is required to indicate his PhilGeps Registration Number on the canvass form.**
 - 3.) SSS shall withhold the applicable taxes from the amount payable in accordance with the BIR regulations.
 - 4.) **Alternative offer is not allowed.**
 - 5.) **Service provider must submit a list of their coverage area with 4G / LTE communications standard for evaluation.**
 - 6.) **Quantity is subject to change but not to exceed of the approved P.O.**
 - 7.) **For clarification of details, please call Mr. Jestoni Soriano / NCD @ 920-6401 local 5639.**

This is to certify that my Company is updated in the payment of contributions and loans to SSS, and conformed with the above terms & conditions, and the data / quotation indicated are valid.

Owner/Company Representative
(Sign over Printed Name)

Reminder : Price quotation should be made with extra care taking into account the specification and unit of quantity to avoid errors. The offeror binds himself to this quotation.

Please indicate below your Business Name, Address and Telephone Number and Date Received.

Your Business SSS No. _____

PhilGeps Registration No. _____

T I N no. _____

Date Received : _____

(Business Name)

(Address & Telephone No.)

(E-mail Address)

Very Truly Yours,

Hydee R. Raquid
HYDEE R. RAQUID

Department Manager III

Procurement, Planning & Management Department

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