



Republic of the Philippines
SOCIAL SECURITY SYSTEM
 Visayas West 1 Division, Bacolod City

RFQ No. BA20-007

OPEN CANVASS

REQUEST FOR QUOTATION

Date _____

Sir/Madam:

Please furnish us with your quotation on or before _____ for the following items:

No.	Quantity	PARTICULARS	Unit Cost P. / Unit	Total Cost P.
1	2,390 lit	Supply of Diesel Fuel for SSS Bacolod Branch Service Vehicle SHG 343 & SHG 310 for the period January 2020 to June 2020 Specifications: - Diesel or approved equal for automotive - Euro 4 Compliant - Biodegradable and Non-toxic - Fuel station must be accessible to SSS Bacolod Branch within 500m radius - Water content (Max.): 0% maximum - Clean air act of 2014 compliant to sulfur content ABC P100,000.00		

Delivery Terms: Staggered basis within six (6) months.

Mode of Procurement: Small Value Procurement.

Payment Terms: Supplier shall be paid in accordance to Government Terms.

Price validity: Three (3) months

GENERAL CONDITIONS

- Suppliers shall submit the Request for Quotation duly filed up, together with the latest Mayor's Permit, Philgeps Registration No. (RR-2203, Sanitary Receipt (to be submitted once a year) and Omnibus Sworn Statement if ABC is greater than P50,000.00.
- Winning bidder who fails to satisfactorily deliver goods under the contract within the specified schedule, inclusive of duly granted extensions, if any, shall be liable for damages equal to one-tenth (1/10) of one percent (1%) of cost of the goods schedule for delivery for every day of delay until such goods are finally delivered.
- SSS reserves the right to reject any and all bids, declare a failure of bidding, or not award the contract (Section 41, 2016 RA 9134)

Very Truly Yours,

GERARDO A. GONZALES
 ASSISTANT BRANCH HEAD
 Tel. No. (034) 433-2293

This is to certify that my Company is updated in the payment of contributions and loans to SSS and after having carefully read and accepted your General Conditions, we bind ourselves to the price quoted on the table provided above.

Owner/Company Representative
 (Sign over Printed Name)

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

Business Name: _____
 Business Address: _____
 E-Mail Address: _____ Tel. No. _____
 PhilGeeps Registration No. _____ TIN No. _____
 Your Business SSS Number: _____
 Date Received: _____