



Republic of the Philippines
SOCIAL SECURITY SYSTEM
Vicayas West 1 Division SSS Bago City

Date: _____

Sir/Madam :

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

| Item No. | Quantity | UNIT | PARTICULARS | Unit Cost | Total Cost |
|----------|----------|--------|--|-----------|------------|
| I | 1,440 | Liters | Diesel Fuel for SSS Bago Branch for January to June 2020. Specs: 1. Diesel of approved equal for automotive 2. Euro 4 compliant 3. Clean Air Act of 2014 compliant to sulfur 4. Water Content (%vol.); 0.1 maximum 5. Biodegradable & Non toxic Gas Station must be accessible to the Branch (w/in 5 km radius) ABC: P 60,624.00 | P _____ | P _____ |

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:

- Supplier shall submit this Request for Quotation duly filled up together with the Mayors Permit, Philgeps Registration No. BIR 2303, Sample of Receipt to be submitted once a year) and Omnibus Sworn Statement if ABC is greater than P50,000.00
- For a canvass with an ABC of P100,000.00 and above, the winning bidder is required to post a Performance Bond within three (3) Calendar Days from receipt of Notice of Award equivalent to 5% Cash, Cashier's/manager's Check, Bank Guarantee w/ draft of 30 % Surety Bond callable upon demand, of the contract price.
- 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 the damages equals to one-tenth(1/10) of the one (1) 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 all bids, declare a failure bidding, or not award the contract. (Section 41, 2016 RA9184)

Very truly yours,

Emelia B. Solinap
EMELIA B. SOLINAP
Branch Head

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

Signed Over Printed Name

please indicate below your Business Name,
Address, Telephone Number & Date Received.

Business Name _____ Tel. No. _____

Address : _____ TIN No. _____

Your Business SSS No. _____

Philgeps Registration No. _____