



Republic of the Philippines  
SOCIAL SECURITY SYSTEM  
LUZON NORTH 2 DIVISION  
TUGUEGARAO BRANCH

SEALED CANVASS

JULY 13 2023  
Date

Sir / Madam:

Please furnish us with your quotation on or before JULY 20, 2023 @ 2 PM for the following items:

No.	Quantity	PARTICULARS	Unit Cost	Total Cost
		<b>Supply, Delivery and Service of:</b>		
1	32	2023 Annual Physical Examination  Examinations to be conducted 1. CBC (Comple Blood Count)      7. Uric Acid 2. FBS (Fasting Blood Sugar)      8. Urinalysis 3. BUN                                      9. Chest X-ray 4. Creatinine                              10. ECG 5. LIPID Profile                          11. Fecalysis 6. SGPT	P _____ /Unit	P _____
<b>TOTAL</b>			P _____	

Approved Budget: P96,000.00  
Delivery Terms: **20 Calendar Days from receipt of approved Job Order / Purchase Order.**  
Payment Terms: **Supplier shall be paid in accordance with Government Terms.**  
Price validity : **Three (3) months**  
Area of Delivery: Tuguegarao City, Cagayan  
Mode of Evaluation: one (1) lot

- NOTE/S:**
- 1.) The winning bidder **MAY** be 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, 10% Bank Guarantee / Draft or 30% Surety Bond callable upon demand, of the contract price. Performance bond is MANDATORY in case of INFRASTRUCTURE PROJECT.
  - 2.) The supplier is required to indicate his PhilGeps Registration Number on the canvass form.
  - 3.) The SSS shall withhold the applicable taxes from the amount payable in accordance with the BIR regulations.
  - 4.) Please specify brand name / model being offered.
  - 5.) For further inquiries, kindly call HECTOR A. TOLLO, JR. at (078) 844-1512/(078) 844-2108
  - 6.) THE UPDATED SSS CERTIFICATE OF COMPLIANCE, BIR 2303, MAYOR'S PERMIT/BUSINESS PERMIT, PHILGEP'S REGISTRATION NUMBER, INCOME/BUSINESS TAX RETURN SHALL BE SUBMITTED TOGETHER WITH YOUR QUOTATION. THE OMNIBUS SWORN STATEMENT IS TO BE SUBMITTED AFTER EVALUATION. NON-SUBMISSION OF THE FOREGOING DOCUMENTS SHALL BE A GROUND FOR DISQUALIFICATION.

This is to certify that my Company is updated in the payment of contributions and loans to SSS 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 TERMS & CONDITIONS.

Very Truly Yours,

\_\_\_\_\_  
GUADALUPE D. CASTILLO  
Branch Head II  
Tel No. (078) 844-1512/ (078) 844-2108  
E-mail Address: tuguegarao@sss.gov.ph

**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)

\_\_\_\_\_  
HECTOR A. TOLLO, JR.  
Canvasser  
Position: CEO I                                      Date: \_\_\_\_\_

\_\_\_\_\_  
(Address & Telephone No.)  
\*In case of Self-Employed, please indicate your SSS number.