



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

SEALED CANVASS

APRIL 17 2024  
Date

Sir / Madam:

Please furnish us with your quotation on or before APRIL 29, 2024 for the following items:

No.	Quantity	PARTICULARS	Unit Cost	Total Cost
1	33	<u>Supply, Delivery and Service of:</u>		
		2024 Annual Physical Examination	P _____/Unit	P _____
		<b>Examinations to be conducted</b>		
		1. Urinalysis	8. BUN	
		2. CBC	9. Creatinine	
		3. Chest X-ray	10. Uric Acid	
		4. ECG	11. HBA1c	
		5. LIPID Profile (Triglycerides, HDL, LDL, VLDL)	12. Breast Mammogram	
		6. SGPT	13. Pap Smear	
		7. FBS	14. Prostate Specific Antigen (PSA)	
		<b>Note:</b>		
		1. 7 employees will undergo Breast Mammogram		
		2. 16 employees will undergo Pap Smear		
		3. 8 employees will undergo Prostate Specific Antigen (PSA)		
		4. 5 employees will undergo HBA1c		
		TOTAL P		

Approved Budget: P198,000.00

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:**
- 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.
  - The supplier is required to indicate his PhilGeps Registration Number on the canvass form.
  - The SSS shall withhold the applicable taxes from the amount payable in accordance with the BIR regulations.
  - Please specify brand name / model being offered.
  - For further inquiries, kindly call HECTOR A. TOLLO, JR. at (078) 844-1512/(078) 844-2108
  - 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)

(Address &amp; Telephone No.)

\*In case of Self-Employed, please indicate your SSS number.

\_\_\_\_\_  
JESSA CHARICA C. BALOT  
Canvasser

Position: Cashier, Concurrent JAA Date: \_\_\_\_\_