



Republic of the Philippines
SOCIAL SECURITY SYSTEM
CAUAYAN ISABELA BRANCH
Cauayan City, Isabela

CANVASS FORM #
LN2D-22-001

SEALED CANVASS

April 25, 2022
Date

Sir / Madam:

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

No.	Quantity	PARTICULARS	Unit Cost	Total Cost
1	1 Lot	Annual Physical Examination of 31 employees of Cauayan Branch, Ilagan Branch, Luzon North II Division, Luzon North II Legal Department, NCD (see attached EE list) Exams to be requested: CBC FBS BUN CREATININE LIPID PROFILE SGPT URIC ACID URINALYSIS FECALYSIS CHEST X-RAY ECG <i>Note: Please indicate package price, not per item.</i>	Php _____	Php _____
GRAND TOTAL ABC = P 62,000.00 (2,000/head)			TOTAL BID	Php _____

Delivery Terms: 15 days after receipt of JO

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

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.) For canvass with an ABC of P 50,000.01 and above, 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.) For clarification of details, please call Mr. Regar D. Garcia at (078) 652-1215.

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

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 : _____

Very Truly Yours,


REYNANTE T. FERNANDO
Branch Head
SSS Cauayan Isabela Branch
Tel No. (078) 652-1215

Canvass made by:

REGAR D. GARCIA
CEO I

(Business Name)

(Address & Telephone No.)

(E-mail Address)