



REQUEST FOR QUOTATION

_____ Date

Sir / Madam:

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

No.	Quantity	PARTICULARS	Unit Cost	Total Cost
			P _____ /Unit	P _____
	5 UNIT	Supply & Delivery of 5 unit Diaper Changing Table for Lactation Station of VW2 Branches Specifications: - 34 in (86 cm) x 21.65 in (55 cm) - Polypropylene - To be Wall Mounted - 1 Year Warranty <div style="text-align: right; font-weight: bold; font-size: 1.2em;"> ABC 58,750.00 </div>		

Leila Ferraris
 Delivery Terms: 15 Calendar Days from receipt of approved Job Order / Purchase Order.

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 this Request for Quotation duly filled up together with the latest Mayor's Permit, Philgeps Registration No. , BIR 2303, Sample Receipt (to be submitted once a year) and Omnibus Sworn Statement if ABC is greater than P50,000.00.
- For canvass with an ABC of P 100,000.00 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 / Draft or 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 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 9184)

Leila Ferraris
LEILA T. FERRARIS, M.D.
 Acting – Branch Head
 Tel. No. (033) 3302961
 Email Address : iloilo2@sss.gov.ph

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 space 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.: _____
 PhilGeps Registration No. _____ TIN No. _____
 Your Business SSS Number: _____
 Date Received : _____