



**Republic of the Philippines
SOCIAL SECURITY SYSTEM
East Avenue, Diliman, Quezon City**

REQUEST FOR QUOTATION

2020-0048

SEALED CANVASS

February 24, 2020
Date

PHILGEPS REF. NO.: 6891184
DATE POSTED : 2-16-20
POSTED BY : ERIKA

Sir / Madam:

Please furnish us with your quotation on or before **MARCH 3, 2020 @ 5:00PM** for the following items:

No.	Quantity	PARTICULARS	Unit Cost	Total Cost
1	6 Boxes	Adhesive Cleaning Kit , for Evolis Primacy Card Printer, 50 Pieces / Box ABC = P 5,000.00 / Box	P _____ /Box	P _____
2	60 Rolls	Monochrome Ribbon , for Evolis Primacy Card Printer, Black, Original (2,000 Prints / Roll) ABC = P 1,800.00 / Roll	P _____ /Roll	P _____
		GRAND TOTAL ABC = P 138,000.00		
IOG-OFWMD – Revised Memo received by PPMD dated 2-24-2020 with Request # 2020-0111 [APP FY 2020, Original - #211, Supplies Others-Cleaning Kit Adhesive (6); - #213, Supplies Others – Printer ribbon (Black) 60]				

Delivery Terms : Thirty (30) Calendar Days upon receipt of P.O. / J.O.

Payment Terms : Government Terms (Payment is upon delivery of items / services and submission of billing documents.)

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.) **Supplier is required to indicate his PhilGeps Registration Number on the canvass form.**
 - 3.) SSS shall withhold the applicable taxes from the amount payable in accordance with the BIR regulations.
 - 4.) **Alternative offer is not allowed.**
 - 5.) **Quantity is subject to change but not to exceed of the approved P.O.**
 - 6.) **For clarification of details, please call Mr. Raffy Pantalita / IOG-OFWMD @ 920-6401 local 6360.**

This is to certify that my Company is updated in the payment of contributions and loans to SSS, and conformed with the above terms & conditions, 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.

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 & Telephone No.)

(E-mail Address)

Very Truly Yours,

HYDEE R. RAQUID

Department Manager III

Procurement, Planning & Management Department

Tel No. 920-6401 loc 5504-5507

Fax No. 435-9861

E-mail Address: bansilea@sss.gov.ph; pmd@sss.gov.ph