



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

REQUEST FOR QUOTATION

2020-0078

SEALED CANVASS

June 15, 2020
Date

PHILGEPS REF NO.: 7052578
DATE POSTED : 06-17-20
POSTED BY : ERIKA

Sir / Madam :

Please furnish us with your quotation on or before June 22, 2020 @5:00PM for the following items:

No.	Quantity	PARTICULARS	Unit Cost	Total Cost
1	271 units	<p>TRAY FILING, with the following requirements: Brand: _____ Product Specifications: • Heavy Duty, Sturdy, Metal Perforated, 2 layers ABC = P 525.00 / Unit</p> <p>FOR: MAIN OFFICE - 201 UNITS; NCR BRANCH - 70 UNITS</p> <p>GRAND TOTAL ABC = P 142,275.00 Requests received by PPMD dated 6-11-2020 (Revised) [FY 2020 APP (Original) – Tray Filing under PAP Code # 200; Jan 4th Update (#s 324-328, 330, 332)</p>	P _____/Unit	P _____

Delivery Terms: Twenty (20) Calendar Days upon receipt of Approved PO / JO.

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.) Bidder with the lowest calculated bid shall submit sample for evaluation
 - 7.) Delivery of goods shall be at THE PPMD, 2/F, SSS Main Office, East Avenue, Diliman, Q.C.
Contact Persons: Mr. Orlando Marcos (0915) 536-0089 or Mr. Jonic Hocate (0929) 551-9316.

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

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