



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

**REQUEST FOR QUOTATION**

**2020-0098**

June 26, 2020  
 Date

PHILGEPs REF. NO.: 7075830  
 DATE POSTED : 06-29-20  
 POSTED BY : ERIKA

Sir / Madam :

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

| No. | Quantity | PARTICULARS  | Unit Cost     | Total Cost |
|-----|----------|--|---------------|------------|
| 1   | 2 units  | <b>GENSET, Portable, per attached complete SSS technical specifications.</b><br><b>ABC = P30,000.00/ unit</b><br><br>GRAND TOTAL ABC = P 60,000.00/<br>EFMD- Memorandum and P.R.#1104-20 both dated 06-26-2020 (Revised) with Req # 2020-0205 [FY 2020 APP (Original) – Generator Set - Portable ( 2) under PAP Code #206) | P<br>per Unit | P          |

**Delivery Terms:** Thirty (30) 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 the quantity in the approved P.O.
  - 6.) For clarification of details, please contact Mr. Joseph Naval of EFMD @ (8) 920-6401 local 5524.

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

# PORTABLE GENERATOR



|                          |                                 |
|--------------------------|---------------------------------|
| Fuel Type:               | Gasoline (silent type)          |
| Rated Frequency (Hz):    | 60                              |
| Rated Voltage (V):       | 220                             |
| Rated Current (A):       | 15 (min.)                       |
| Rated Output Power (KW): | 2.5 (min.)                      |
| Phase Number:            | Single Phase                    |
| Output Wave:             | Sine Wave                       |
| Fuel Tank Capacity (L):  | 9.0 (min.)                      |
| Net Weight (Kg):         | less than 45 kg                 |
| Dual Start:              | Electric start and Recoil Start |

