



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

REQUEST FOR QUOTATION

2020-0116

SEALED CANVASS

July 29, 2020
 Date

PHILGEPs REF. NO. : 7158183
 DATE POSTED : 08-05-20
 POSTED BY : ERIKA

Sir / Madam :

Please furnish us with your quotation on or before **August 11, 2020 @ 5:00 PM** for the following items:

No.	Quantity	PARTICULARS	Unit Cost	Total Cost
1	271 units	TRAY FILING , Heavy duty, Sturdy, Metal Perforated, non-detachable 2 layer Brand: _____ ABC = P 525.00 / Unit FOR: MAIN OFFICE - 201 UNITS; NCR BRANCHES - 70 UNITS <u>SAMPLE IMAGE:</u>  GRAND TOTAL ABC = P 142,275.00 Requests received by PPMD thru e-mail dated 7-29-2020 [FY 2020 APP (Original) – Tray Filing under PAP Code # 200; Jan 4th Update (#s 324-328, 330, 332) (1st Re-Canvass 2020-0078 dated 6-15-2020 with request on 6-11-2020 (Revised))	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:**
- 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.
 - Supplier is required to indicate his PhilGeps Registration Number on the canvass form.
 - SSS shall withhold the applicable taxes from the amount payable in accordance with the BIR regulations.
 - Alternative offer is not allowed.
 - Quantity is subject to change but not to exceed of the approved P.O.
 - Bidder with the lowest calculated bid shall submit sample for evaluation
 - 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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