



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

REQUEST FOR QUOTATION

2020-0125

SEALED QUOTATION FORM

August 24, 2020
Date

PHILGEPs REF. NO.: 7202205
DATE POSTED : 08-26-20
POSTED BY : ERIKA

Sir / Madam:

Please furnish us with your quotation on or before **September 1, 2020 @ 5:00 PM** for the following items:

No.	Quantity	PARTICULARS	Unit Cost	Total Cost
1	2 Units	Toner Cartridge for Fuji Xerox DocuPrint CP405D (Black) Part # CT202033 ABC = P 14,614.00 / Unit	P _____/Unit	P _____
2	2 Units	Toner Cartridge for Fuji Xerox DocuPrint CP405D (Cyan) Part # CT202034 ABC = P 17,643.00 / Unit	P _____/Unit	P _____
3	2 Units	Toner Cartridge for Fuji Xerox DocuPrint CP405D (Magenta) Part # CT202035 ABC = P 17,643.00 / Unit	P _____/Unit	P _____
4	2 Units	Toner Cartridge for Fuji Xerox DocuPrint CP405D (Yellow) Part # CT202036 ABC = P 17,643.00 / Unit (ALL: Yield - 11,000 Pages) (Note: Supplier should submit certificate of product authenticity.)	P _____/Unit	P _____
GRAND TOTAL ABC = P 135,086.00				
BAC-SEC - E-mail dated 8-20-2020 received by PPMD on 8-24-2020				
ITRMD - PR dated 7-15-2020 received by PPMD on 7-15-2020 with Request # 2020-0175 (Revised)				
[FY 2020 APP (Original) - Various Supplies not carried in stock / item not available in stock (Pool Budget) NP-Small Value Procurement (Code PAP) No. 423 (2nd Re-canvass - 2020-0118 dated 07-24-2020)				

Delivery Terms: Fifteen (15) Calendar Days from receipt of approved Job Order / Purchase Order.

Payment Terms: Government Terms (Payment is upon delivery of items / services & 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.) **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 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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