



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



8<sup>th</sup> floor SSS Bldg. East Ave. Diliman QC  
Tel. No. 922-3453 Fax No. 435-9827

September 16, 2022

CANVASS

REQ 2022 – 072

Gentlemen :

Please furnish us with your **sealed quotation** on or before **September 19, 2022** for the supply and installation of Horizontal and Vertical Signages at SSS Kalookan Branch:

No.	Quantity	PARTICULAR	Unit Cost	Total Cost
1	Lot	supply and installation of Horizontal and Vertical Signages at SSS Kalookan Branch Location: Forward Group Building, 317 EDSA cor. Gen. Malvar St., Brgy. 135 Caloocan City Material: Aluminum Composite Panels Acrylic Signages & Letterings Structure: Horizontal/Vertical Signages in ACP panels frames/supports Duration: 15 calendar days		
			Total Cost	

**End User: SSS Kalookan Branch**

**Total Approved Budget for the Contract: Php256,100.00**

*Please see attached of the following:*

- *BILL OF QUANTITIES*
- *PLANS/ DRAWINGS*

**Note: Please accomplished the attached BILL OF QUANTITIES**

1. The winning supplier is required to post a performance bond within three (3) calendar days from receipt of Notice of Award equivalent to 5% Cash, Cashier's/Manager's Check, Bank Guarantee/Draft or 30% Surety Bond callable upon demand, of the contract price.
2. The SSS shall withhold the VAT from the amounts payable to the supplier in accordance with the BIR Regulations.

**Price Validity: Three (3) months**

**This is to certify that my firm/company has paid/updated in all SSS Obligations / contribution payments to the Social Security System.**

**Signature** : \_\_\_\_\_

**Name of Owner/Company Rep** : \_\_\_\_\_

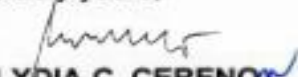
**Business Name** : \_\_\_\_\_



**TERMS AND CONDITIONS**

1. Prospect suppliers are highly advised to conduct site inspection. This is to determine all necessary considerations and include the same in their proposal of any incidentals, materials and activities that are necessary to be furnished and executed to complete the project.
2. Price quotation should be made with extra care taking into account the specifications and unit of quantity to avoid errors.
3. All bids in excess of the Approved Budget Contract shall be automatically rejected.
4. Supplier must present demo units of their offered units on the scheduled inspection, if required.
5. The offeror binds himself to this quotation.
6. Completion period: Fifteen (15) calendar days upon receipt of Purchase Order.
7. Quotations not using the prescribed/official canvass form/ and/ or unsealed shall automatically be disqualified.
8. Indicate the correct SSS Number of supplier/contractor in the quotation form.
9. Please make certain to affix the signature of the owner, manager or any of its duly authorized representatives in a clear legible manner.
10. Prospect supplier shall offer one (1) sealed quotation only. Alternative bids shall be rejected.
11. Prospect supplier shall be required to submit a Notarized Omnibus Sworn Statement upon notice by by the BAC Division Secretariat.
12. All payments to suppliers/creditors/payees shall be electronically and directly credited to the suppliers/creditors/payees bank accounts. Accounts Information will be requested once the supplier qualifies from the initial evaluation.
13. Please send your **SEALED QUOTATION/CANVASS** to the above address with the following Eligibility Requirements, failure to attach the following legal documents shall be a ground for automatic disqualification of submitted quotation:
  - a) Valid Registration Certificate from SEC, DTI for sole proprietorship, or CDA for cooperatives, or any proof of such registration.
  - b) Valid Mayor's Permit issued by the city or municipality where the principal place of business of the prospective bidder is located.
  - c) Valid Certificate of PhilGEPS Registration/Number
  - d) Latest Form SSS R5 Contributions Payment
  - e) BIR Certificate of Registration (Form 2303)

Very truly yours,

  
**LYDIA C. CERENO**  
Chairperson, BAC Division

PLEASE SIGN YOUR :

NAME : \_\_\_\_\_

BUSNAME : \_\_\_\_\_

ADD : \_\_\_\_\_

SS EMPLOYER ID NO : \_\_\_\_\_

TIN NO. : \_\_\_\_\_

TEL/FAX NO. : \_\_\_\_\_