



Republic of the Philippines  
**SOCIAL SECURITY SYSTEM**  
 Visayas West 1 Division, Bacolod City

RFQ No. BA20-007

OPEN CANVASS

**REQUEST FOR QUOTATION**

Date \_\_\_\_\_

Sir/Madam:

Please furnish us with your quotation on or before \_\_\_\_\_ for the following items:

No.	Quantity	PARTICULARS	Unit Cost		Total Cost
			P	Unit	
1	2,350 lit	Supply of Diesel Fuel for SSS Bacolod Branch Service Vehicle SHG 343 & SHG 310 for the period January 2020 to June 2020  Specifications: - Diesel or approved equal for automotive - Euro 4 Compliant - Biodegradable and Non-toxic - Fuel station must be accessible to SSS Bacolod Branch within 5 kilometers - Water content (level): 0.1 maximum - Cleanliness of 3014 compliant to sulfur content			
		<b>ABC</b>	<b>P150,000.00</b>		

Delivery Terms: Standard basis within six (6) months.

Mode of Procurement: Small Value Procurement.

Payment Terms: Supplier shall be paid in accordance to Government Terms.

Price validity: Three (3) months.

**GENERAL CONDITIONS:**

- Suppliers shall submit this Request for Quotation duly filled up together with the latest Mayor's Permit, Philgens Registration No. (RTR 2003 - Sample Receipt) to be submitted once a year) and Omnibus Sworn Statement if ABC is greater than P10,000.00.
- Winning bidder who fails to satisfactorily deliver goods under the contract within the specified schedule, inclusive of duly granted extensions, if any, shall be liable for damages equal to One-tenth (1/10) of one percent (1%) of total of the goods schedule for delivery for every day of delay until such goods are finally delivered.
- SSS reserves the right to reject any and all bids, declare a failure in bidding, or not award the contract (Section 41, 2016 RA 9164)

Very Truly Yours

**GERARDO T. GONZALES**  
 ASSISTANT BRANCH HEAD  
 Tel. No. (034) 433-2293

This is to certify that my Company is updated in the payment of contributions and loans to SSS and after having carefully read and accepted your General Conditions, we bind ourselves to the price quoted on the space provided above.

\_\_\_\_\_  
 Owner/Company Representative  
 (Sign over Printed Name)

Please indicate below your Business Name,  
 Address and Telephone Number and Date Received.

Business Name \_\_\_\_\_  
 Business Address \_\_\_\_\_  
 E-Mail Address \_\_\_\_\_  
 PhilGeps Registration No. \_\_\_\_\_  
 Your Business SSS Number: \_\_\_\_\_  
 Date Received \_\_\_\_\_