

Republic of the Philippines SOCIAL SECURITY SYSTEM Kalibo Branch

Roxas, Ave. Ext., Andagao, Kalibo, Aklan

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
1	18 sets	SUPPLY AND INSTALLATION OF COUNTER BARRIER - 6mm Thick (1/4") glass panel - Metal glass bracket in black/bronze color - size: 45" x 36" & 24"X36" ABC= P 121,940.00	P/Unit	P

Delivery Terms: 30 Calendar Day from receipt of approved Job Order / Purchase Order.

Mode of Procurement: <u>Small Value Procurement</u>
Payment Terms: <u>Supplier shall be paid in accordance to Government Terms</u>.

Price validity : Three (3) months

GENERAL CONDITIONS:

- Suppliers shall submit this Request for Quotation duly filled up together with the latest Mayor's Permit, Philgeps Registration No., BIR 2303, Sample Receipt (to be submitted once a year) and Omnibus Sworn Statement if ABC is greater than P50,000.00.
- 2. For canvass with an ABC of P 100,000.00 and above, the winning bidder 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.
- 3. 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 cost of the goods schedule for delivery for every day of delay until such goods are finally delivered.
- 4. SSS reserves the right to reject any and all bids, declare a failure of bnidding, or not award the contract (Section 41, 2016 RA 9184)

Very Truly Yours,

ANGELO O. BLANCAVER Branch Head, SSS Kalibo Tel. No. (036) 500-8360 Email Address: kalibo@sss.gov.ph

This is to certify that my Company is updated in the payment of contributions and loans to SSS and after having carefully read and

Owner/Company Representative (Sign over Printed Name)

accepted your General Conditions, we bind ourselves to the price quoted on the space provided above.

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

Business Name:		
Business Address:		
E Mail Address:	Tel. No.:	
PhilGeps Registration No		
Your Business SSS Number:		
Date Received :		