Date

Sir / Madam:

th your quotation on or hefore

for the following items:

PARTICU		Unit Cost	Total Cost
O. Quantity  1 Lot    Messengerial a)   Iloilo - NCR/Luzon/Mindanao Area Desi	inations  10 (pouches) (150 pouches) (75 pouches) and price per gram in excess) (1 to 2 days)  (150 pouches) (350 pouches) (300 pouches) (300 pouches) and price per gram in excess) (1 to 2 days) in three (3) days onth  for easy identification of the commum of three years I daily	P/Unit  P/Pouch	Total Cost

Delivery Terms: After 2:30 PM Daily Pick-Up of Pouchers/Boxes at SSS Iloilo Processing Department for the period January 1, 2020 to December 31, 2020

Payment Terms: Supplier shall be paid in accordance to Government Terms. 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 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.) For canvass with an ABC of P 50,000.00 and above, the supplier is required to indicate his PhilGeps Registration Number on the canvass form.

3.) The SSS shall withhold the applicable taxes from the amount payable in accordance with the BIR regulations.

4.) Please specify brand name / model being offered.

5.) For further inquiries, kindly call Ms. Criselda C. Esmediana / ADMIN At 5099826

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 TERMS & CONDITIONS.

Very Truly Yours,

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

Your Business SSS No. PhilGeps Registration No. TIN no.

Date Received :

Department Manager III SSS Iloilo Processing Department Tel Fax No. 5099826

E-mail Address: iloilopc@sss.gov.ph/locsinma@sss.gov.ph