

Date Received : \_

## Republic of the Philippines SOCIAL SECURITY SYSTEM MEDICAL OPERATIONS SECTION -VW2 DIVISION

OPEN CANVASS FORM

TTW BLDG. MAPA STREET, ILOILO CITY

## REQUEST FOR QUOTATION

				Date
	Sir / Mada	m: furnish us with your quotation on or before for the following item:	s:	
No.	Quantity	PARTICULARS	Unit Cost	Total Cos
1	1,500 Liters	Supply of fuel for the Service Vehicle (P7Y685) of SSS Medical Operations Section at SSS Visayas West 2 DIVISION for the period January to December 2021	P	Р
		Technical Specification:		
		Fuel to be supplied must be :     Diesel or approved equal for automotive		
		- Euro 4 compliant		
		- Clean Air Act of 2014 compliant to sulfur content - Water content (%vol.), 0.1 maximum		
		- Biodegradable and Non-toxic	1-	
		2. Fuel Station must be accessible to the Medical Operations Section of SSS Iloilo Central Branc (within 5 km radius)	ch	
		( within 5 km radius) 3. The amount of per liter of fuel to be charged to SSS shall be based on the pump		
		price upon purchase		
		Delivery term shall be on a staggered basis :     Only vehicle indicated in the PO should be filled up with corresponding number.		
		of Liters as scheduled W		
		6. Billing shall be submitted every 15th and 30th of the month		
		ABC 59, 565.00		
		Price validity: Shall be based on the pump price upon purchase subject to change GENERAL CONDITIONS:  1. Suppliers shall submit this Request for Quotation duly filled up together with the latest Mayor's Sample Receipt (to be submitted once a year) and Omnibus Sworn Statement if ABC is great 2. For canvass with an ABC of P 100,000.00 and above, the winning bidder is require Three (3) Calendar Days from receipt of Notice of Award equivalent to 5% Cash, Cashier's / M Surety Bond callable upon demand, of the contract price.  3. Winning bidder who fails to satisfactorily deliver goods under the contract within the specified if any, shall be liable for damages equal to One-tenth (1/10) of one percent (1%) of cost of the 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	Permit, Philgeps Reg er than P50,000.00. ed to post aPerforma anager's Check, Bank ( schedule, inclusive of e goods schedule for	istration No BIR 2303 nce Bond within Guarantee / Draft or 3 duly granted extensions delivery for every day o
		Very Truly Yours,	ONIE V. HERWAND	EZ, M.D.
		OIC Supe	rvising Medical Spec daress : fernandezr	ialist IV-VW MOS
	This is to	certify that my Company is updated in the payment of contributions and loans to SSS and after have your General Conditions, we bind ourselves to the price quoted on the space provided above.	ving carefully read and	
		Owner/Company Representative ( Sign over Printed Name)		
Pleas Addr	se indicate ess and Te	below your Business Name. lephone Number and Date Received.		
Busi	ness Name			
Busir	ness Addre	SS:Tel No.:		
	. Audi (.33	tration NoTIN No		