APE

CANVASS FORM no.

Republic of the Philippines
SOCIAL SECURITY SYSTEM
LUZON NORTH 2 DIVISION
TUGUEGARAO BRANCH

SEALED CANVASS

MAY 5 2022
Date

Sir / Madam:

Please furnish us with your quotation on or before MAY 17 2022@2PM for the following items:

No.	Quantity	PARTICULARS	Unit Cost	Total Cost
		Supply, Delivery and Service of:		
1	31	2022 Annual Physical Examination	P_____/Unit	P_____
		Examinations to be conducted		
		1. CBC (Complet Blood Count) **7. Uric Acid**		
		2. FBS (Fasting Blood Sugar) **8. Urinalysis**		
		3. BUN **9. Chest X-ray**		
		4. Creatinine **10. ECG**		
		5. LIPID Profile **11. Fecalysis**		
		6. SGPT		
			TOTAL P_____	

Approved Budget: P62,000.00
Delivery Terms: 20 Calendar Days from receipt of approved Job Order / Purchase Order.
Payment Terms: Supplier shall be paid in accordance with Government Terms.
Price validity : Three (3) months
Area of Delivery: Tuguegarao City, Cagayan
Mode of Evaluation: one (1) lot

NOTE/S: 1.) The winning bidder **MAY** be 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, 10% Bank Guarantee / Draft or 30% Surety Bond callable upon demand, of the contract price. Performance bond is MANDATORY in case of INFRASTRUCTURE PROJECT.
2.) 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 HECTOR A. TOLLO, JR. at (078) 844-1512/(078) 844-2108
6.) THE UPDATED SSS CERTIFICATE OF COMPLIANCE, BIR 2303, MAYOR'S PERMIT/BUSINESS PERMIT, PHILGEPS REGISTRATION NUMBER, INCOME/BSUINESS TAX RETURN SHALL BE SUBMITTED TOGETHER WITH YOUR QUOTATION. THE OMNIBUS SWORN STATEMENT IS TO BE SUBMITTED AFTER EVALUATION. NON-SUBMISSION OF THE FOREGOING DOCUMENTS SHALL BE A GROUND FOR DISQUALIFICATION.

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,

JAIME B. CAUILAN JR.
Acting Head
Tel No. (078) 844-1512/ (078) 844-2108
E-mail Address: tuguegarao@sss.gov.ph

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

Your Business SSS No. _____
PhilGeps Registration No. _____
T I N no. _____
Date Received : _____

_____
(Business Name)

_____
(Address & Telephone No.)

***In case of Self-Employed, please indicate your SSS number.**

0_____

VINCENT CZEAXAR B. CORPUZ
Canvasser
Position: JAA Date:_____