CANVASS FORM #



Republic of the Philippines SOCIAL SECURITY SYSTEM CAUAYAN ISABELA BRANCH Cauayan City, Isabela

LN20-2024-001

SEALED CANVASS

MARCH 20 2024 Date

Sir / Madam:

· / Madam: Please furnish us with your quotation on or before MPRL 3 2024 @_____ for the following items:

No.	Quantity	PARTICULARS	Unit Cost	Total Cost
1	1 Lot	Annual Physical Examination of 27 employees of Luzon North 2 Division (see attached EE list) Exams to be requested: ROUTINE URINALYSIS COMPLETE BLOOD COUNT CHEST X-RAY (PLAIN): POSTERIOR - ANTERIOR (PA) VIEW 12-L ELECTROCARDIOGRAM (ECG) BLOOD CHEMISTRY TO INCLUDE: FBS SGPT LIPID PROFILE (TRIGLYCERIEDS, HDL,LDL, VLDL) BUN CREATININE URIC ACID	Php	Php
		HBA1c (for 1 employee only) BREAST MAMMOGRAM (for 6 employees) PAP SMEAR (for 11 employees) PROSTATE SPECIFIC ANTIGEN (PSA) - (for 6 employees) Note: Please indicate package price, not per item.		
		GRAND TOTAL ABC = P 162,000.00	TOTAL	Php

Delivery Terms: 15 days after receipt of JO

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 from receipt of Notice of Award equivalent to 5% Cash (Goods & Consulting Services) & 10% Cash (Infrastructure), 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 50,000.01 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.) For clarification of details, please call Mr. Regar D. Garcia at (078) 652-1215.

This is to certify that my Company is updated in the payment of contributions and loans to SSS and the data and 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.

Please indicate below your Business Name, Address and Telephone Number and Date Received.	Very Truly Yours,	
Your Business SSS No	REYNANTE T, FERNANDO	
PhilGeps Registration No	Branch Head I SSS Cauayan Isabela Branch	
T I N no	SSS ['] Cauayan Isabela Branch	
Date Received:	Tel No. (078) 652-1215	
	- to but	
(Business Name)	Canvass made by:	
(Address & Telephone No.)		
(E-mail Address)		