



Republic of the Philippines  
SOCIAL SECURITY SYSTEM  
LUZON NORTH 2 DIVISION  
SANTIAGO BRANCH  
SEALED CANVASS

CANVASS FORM no. 2024-007

LN2D-2024-005

Date: JUNE 18, 2024

Sir / Madam:

Please furnish us with your quotation on or before 12 NN OF JUNE 26, 2024 for the following items

No.	Quantity	PARTICULARS	Unit Cost	Total Cost
1	LOT	Annual Physical Examination for 17 employees of SSS Santiago Branch. 1 Routine Urinalysis (For 17 Employees) 2 Complete Blood Count (For 17 Employees) 3 Chest X-ray (Plain): PA View (For 17 Employees) 4 12-L Electrocardiogram (For 17 Employees) 5 Blood Chemistry: FBS, SGPT, Lipid Profile, BUN Creatinine, Uric Acid (For 17 Employees) 6 HBA1C (For 17 Employees) 7 Breast Mammogram (For 9 Female Employees) 8 Pap Smear (For 6 Female Married Employees) 9 Prostate Specific Antigen (For 8 Male Employees) Total	P _____	P _____

Approved Budget: Php102,000.00

Delivery Terms: 15 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: SSS Santiago Branch

Mode of Evaluation:

- 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 Mr. ROGIE BEN C. RUIZ, Acting CEO I - ADMIN (09175045927)
  - 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,

  
JEANNE D. MESA  
Branch Head I

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.

  
ROGIE BEN C. RUIZ  
Canvasser

Position: Acting CEO I Date: \_\_\_\_\_