



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

	July 2, 2024	
Date:		

Sir / Madam:

Please furnish us with your quotation on or before \_\_\_\_\_\_\_ for the following items:

No.	Quantity	PARTICULARS	Unit Cost	Total Cost	
1 4	LOT	Annual Physical Examination for 17 employees of SSS Santiago Branch.			
		1 Routine Urinalysis (For 17 Employees)	P	P	
		2 Complete Blood Count (For 17Employees)			
		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 3 Female Employees)		= = = =	
		8 Pap Smear (For 6 Female Married Employees)			
		9 Prostate Specific Antigen (For 3 Male Employees)			
		Total		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.

Branch Head I

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

Your Business SSS No. PhilGeps Registration No. \_\_\_ TIN no. Date Received:

