

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

SEALED CANVASS

JULY 23 2024 Date

Sir / Madam:

MILLEY DOULD (570M)

Vo.	Quantity	PARTICULARS	Unit Cost	Total Cost
1	LOT	Annual Physical Examination for 16 employees of SSS Solano Branch.		
		1 Routine Urinalysis (For 16 Employees)	P/Unit	P
		2 Complete Blood Count (For 16 Employees)		
		3 Chest X-ray (Plain): PA View (For 16 Employees)		
		4 12-L Electrocardiogram (For 16 Employees)	,	
		5 Blood Chemistry: FBS, SGPT, Lipid Profile, BUN,		
		Creatinine, Uric Acid (For 16 Employees)		
		6 HBA1C (For 16 Employees)		
		7 Breast Mammogram (For 5 Female Employees)		
		8 Pap Smear (For 8 Female Employees)		
		9 Prostate Specific Antigen (For 3 Male Employees)		
		Total		Р

Payment Terms: Supplier shall be paid in accordance with Government Terms.

Price validity: Three (3) months

Area of Delivery:

SSS Solano Branch

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. MAXWELL C. ESTEVES CEO I ADMIN (078) 326-6934
- 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 Acting Head (078) 326 6934 Tel/Fax No.

Please indicate below your Business Name. Address and Telephone Number and Date Received. Your Business SSS No. PhilGeps Registration No. TIN no. Date Received: (Business Name) (Address & Telephone No.)

C) ESTEVES Canvasser Position: CEO | ADMIN Date:

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