



Republic of the Philippines
SOCIAL SECURITY SYSTEM
NCR OPERATIONS – WEST DIVISION
2 G/F Padilla Delos Reyes Bldg. Juan Luna St.
Binondo, Manila
Tel. 8395-9897

CANVASS FORM
WEST 2024-OCTOBER-02
October 2, 2024

PHILGEPS REF. NO. _____
DATE POSTED: _____
POSTED BY: _____

Sir / Madam:

Please furnish us with your quotation on or before: October 7, 2024 at 4:00 pm. for the following items:

NO.	BRANCH	PARTICULARS (SET MEALS)	NUMBER OF PAX	APPROVED UNIT COST	FREQUENCY	TOTAL APPROVED BUDGET PER BRANCH FOR 3 RACE	STATEMENT OF COMPLIANCE <i>Kindly indicate if Complied</i>	BID AMOUNT
Purchase of Meals for the Conduct of Three (3) Run After Contribution Evaders (RACE) under NCR West Division with dates: October 17, November 21, and December 12, 2024.								
NORTH BRANCHES								
1	BINONDO	AM SNACKS	10	150.00	3	4,500.00		P
		LUNCH	15	350.00		15,750.00		P
	LEGARDA	AM SNACKS	10	150.00		4,500.00		P
		LUNCH	15	350.00		15,750.00		P
	TONDO	AM SNACKS	10	150.00		4,500.00		P
		LUNCH	15	350.00		15,750.00		P
	WELCOME	AM SNACKS	10	150.00		4,500.00		P
		LUNCH	15	350.00		15,750.00		P
Total Amount per RACE								27,000.00
Total Amount for North Branches (3 RACE Event)								81,000.00
SOUTH BRANCHES								
2	MANILA	AM SNACKS	10	150.00	3	4,500.00		P
		LUNCH	15	350.00		15,750.00		P
	PASAY-CCP COMPLEX	AM SNACKS	10	150.00		4,500.00		P
		LUNCH	15	350.00		15,750.00		P
	PASAY TAFT	AM SNACKS	10	150.00		4,500.00		P
		LUNCH	15	350.00		15,750.00		P
	STA MESA	AM SNACKS	10	150.00		4,500.00		P
		LUNCH	15	350.00		15,750.00		P
Total Amount per RACE								27,000.00
Total Amount for South Branches (3 RACE Event)								81,000.00
TOTAL APPROVED BUDGET		₱162,000.00		Total Bid Amount				P

Payment Terms: Government Terms
Delivery Terms: Day of the Event
Price Validity: Three (3) Months

- Note/s:**
- For canvass with an ABC of P 100,000.00 and above the winning bidder is required to post a Performance Bond within Three (3) Calendar from receipt of Notice to Proceed/Job Order/Purchase Order equivalent to 5% Cash, Cashier's/Manager's Check, Bank Guarantee/Draft or 30% Surety Bond callable upon demand of the contract price.
 - The SSS shall withhold the applicable taxes from the amount payable in accordance with BIR regulations.
 - Please specify the brand name / model offered.
 - For clarification of details, please coordinate with Nathalie Alonde at telephone no. 8395-9897.
 - Quotations not using the prescribed/standard canvass form and/or unsealed shall automatically be disqualified.
 - Indicate the correct SSS Number and TIN-(BIR) of supplier/contractor in the quotation form.
 - The bidder shall offer one (1) quotation only, alternative bids shall be rejected.
 - Please send your QUOTATION/CANVASS/BID to SSS Binondo Branch, including the following Eligibility Requirements:
 - Registration Certificate from SEC (Security Exchange Commission), DTI (Department of Trade & Industry) for sole proprietorship, or CDA (Cooperative Development Authority) for cooperatives, or any proof of such registration.
 - Mayor's Permit issued by the city or municipality where the place of business of the prospective bidder is located.
 - BIR 2303
 - Latest Form SSS R-5 Contributions Payment
 - PhilGEPS Registration
 - Omnibus Sworn Statement

9.) All payments to suppliers/creditors/payees shall be done electronically and directly credited to their **Landbank Account**. When supplier prefers other banks, any charges or fees that will be imposed by the bank shall be charged to supplier's account.

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.

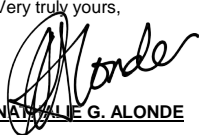
Owner/Company Representative
(Sign over Printed Name)

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.

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

Your Business Name: _____
Your Business Address: _____
Your Business SSS No.: _____
Your Business TIN No.: _____
Bank Account No.: _____
E-mail Address: _____
Telephone Nos.: _____
Date Received: _____

Very truly yours,


NATALIE G. ALONDE
OVP NCR West Division