



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

CANVASS FORM no. LN20-2025-002

Date: MAY 21 2025

Sir / Madam:

Please furnish us with your quotation on or before MAY 28, 2025 @ 5PM for the following items:

No.	Quantity	PARTICULARS	Unit Cost	Total Cost
1	LOT	Annual Physical Examination for 17 employees of SSS Solano 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 6 Female Employees) 8 Pap Smear (For 10 Female Married Employees) 9 Prostate Specific Antigen (For 4 Male Employees)  Total		P _____          P _____

Approved Budget: Php102,000.00

Delivery Terms: 7 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 Solano 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. 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/BUSINESS 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,

MARLON T. LAGUNDI

Branch Head

Tel/Fax No.

(078) 326 6934

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.)

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

MAXWELL C. ESTEVES

Canvasser

Position: CEO I ADMIN Date: \_\_\_\_\_