



Republic of the Philippines
SOCIAL SECURITY SYSTEM
CAUAYAN ISABELA BRANCH
Cauayan City, Isabela

CANVASS FORM #

LN2D-2025-001

SEALED CANVASS

MAY 08, 2025

Date

Sir / Madam:

Please furnish us with your quotation on or before May 16, 2025 @ 2pm for the following items:

No.	Quantity	PARTICULARS	Unit Cost	Total Cost
1	1 Lot	Annual Physical Examination of 27 employees of Luzon North 2 Division (see attached EE list) Exams to be requested: Urinalysis Complete Blood Count (CBC) Chest X-ray Electrocardiogram (ECG) Blood Chemistry Panel including: Fasting Blood Sugar (FBS) Serum Glutamate Pyruvate Transaminase (SGPT) Blood Urea Nitrogen (BUN) Creatinine (CREA) Uric Acid (BUA) Lipid Profile HbA1c (4 employees) Breast Mammogram (6 employees) Pap Smear (13 employees) Prostate-Specific Antigen (PSA) Test- (4 employees) NOTE: Please indicate package price, not per item.	Php _____	Php _____
GRAND TOTAL ABC = P 162,000.00			TOTAL	Php _____

Delivery Terms: 15 days after receipt of JO

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

Price validity : Three (3) Months

- NOTE/S:**
- 1.) For canvass with an ABC of P 100,000.00 and above, the winning bidder is required to post a Performance Bond from receipt of Notice of Award equivalent to 5% Cash (Goods & Consulting Services) & 10% Cash (Infrastructure), Cashier's / Manager's Check, Bank Guarantee / Draft or 30% Surety Bond callable upon demand, of the contract price.
 - 2.) For canvass with an ABC of P 50,000.01 and above, 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.) For clarification of details, please call Ms. Glenda Leah E. Sinbi at 652-1215.

This is to certify that my Company is updated in the payment of contributions and loans to SSS and the data and 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 SSS No. _____

PhilGeps Registration No. _____

T I N no. _____

Date Received : _____

(Business Name)

(Address & Telephone No.)

(E-mail Address)

Very Truly Yours,

REYNANTE T. FERNANDO
Branch Head I
SSS Cauayan Isabela Branch
Tel No. (078) 652-1215

Canvass made by: _____