



CANVASS FORM no. LN 210-2025 006

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

Date: JULY 22, 2025

Sir / Madam:

Please furnish us with your quotation on or before JULY 30, 2025 @ 12 PM for the following items:

No.	Quantity	PARTICULARS	Unit Cost	Total Cost
	1 LOT	Meals & Snacks to be served to the RACE participants 12 pax per month from July - December 2025 AM Snacks Lunch PM Snacks Snacks: Combi-snacks, beverages Meals: Combination of fish, pork, beef, chicken vegetables, fruits/dessert, beverages		
		Total		

Approved Budget: Php 86,400.00

Delivery Terms: Staggard from receipt of approved Job Order / Purchase Order.Payment Terms: Supplier shall be paid in accordance with Government Terms.Price validity : Three (3) monthsArea 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/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

E-mail Address:

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.)

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

CHRISTINE MARIE ROQUELLE AMANSEC-PAGGI
SSS SOLANO BRANCH

KRISTEL MAE S. AVELINO

Canvasser

Position: Sr. Analyst Date: _____