



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

CANVASS FORM No. LN20-2025-008

SEALED CANVASS

JULY 31 2025

Date

Sir / Madam:

Please furnish us with your quotation on or before AUGUST 7, 2025 @ 5PM for the following items:

No.	Quantity	PARTICULARS	Unit Cost	Total Cost
		<u>Supply and delivery of:</u>		
1	1 lot	Annual Physical Examination of Sixteen (16) Santiago Branch Employees for calendar year 2025 (see attached list)	Php _____	Php _____
		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 (6 employees)		
		Pap Smear (2 employees)		
		PSA (1 employee)		
		Mammogram (3 employees)		
		<u>Note: Please indicate package price, not per item</u>	TOTAL P	

Approved Budget: Php96,000.00

Delivery Terms: 15 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

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 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 SHEILA MARIE G. MERCADO at (078)-305-3301
- 6.) THE UPDATED SSS CERTIFICATE OF COMPLIANCE, BIR 2303, MAYOR'S PERMIT/BUSINESS PERMIT, PHILGEPS

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,


JEANNIE D. MESA

Branch Head
SSS Santiago Branch
Tel No. (078)-305-3301
E-mail Address: santiago@sss.gov.ph

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

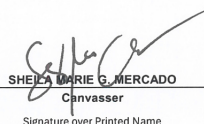
Your Business SSS No. _____
PhilGeps Registration No. _____
TIN No. _____
Date Received: _____

(Business Name)

(Address & Telephone No.)

(Email Address)

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


SHEILA MARIE G. MERCADO
Canvasser

Signature over Printed Name

Position: Acting CEO I, Admin Date: _____