



**CANVASS FORM No.**  
**Republic of the Philippines**  
**SOCIAL SECURITY SYSTEM**  
**Office of the Vice-President**  
**LOCAL BIDS AND AWARDS COMMITTEE**  
**LUZON SOUTH 2 DIVISION**  
**SEALED CANVASS**

LS2-2020-24

July 21, 2020

Date

Sir / Madam:

Please furnish us with your quotation on or before July 27, 2020 for the following items:

No.	Quantity	PARTICULARS	Unit Cost	Total Cost
1	1 lot	Supply and Installation of Storefront Horizontal Signages of SSS Sablayan and Mamburao Service Offices	P _____	P _____
		<b>TOTAL</b>	P _____	P _____
		<p>* Please refer to the attached Standard Materials Specifications and Architectural Plans and signify that you conform to the Specifications.</p> <p>* Please accomplish the attached Bill of Quantities</p>		
		<p>Warranty: _____ on parts _____ on services            (Warranty period from the delivery - to be filled out by the bidder)</p>		

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's TERMS & CONDITIONS.

Approved Budget: Php 165, 813.76 ; APP # 350  
 Delivery Terms: sixty (60) 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: San Jose, Occidental Mindoro  
 Mode of Evaluation: per lot  
 TERMS AND CONDITIONS: Kindly see (Page 2 of 2) at the back hereof

This is to certify that all data / quotation indicated above are valid.

\_\_\_\_\_  
 Owner/Company Representative  
 ( Sign over Printed Name)

Very Truly Yours,

  
**IREIN E. LANDICHO**  
 LOCAL BAC SECRETARIAT  
 Signature over printed name

**Please Indicate your Business Name.**

**Address and Telephone Number and Date Received.**

Your Business SSS No. \_\_\_\_\_  
 ( In case of Self-Employed, please indicate your SSS number)  
 PhilGeps Registration No. \_\_\_\_\_  
 TIN No. \_\_\_\_\_  
 Date Received : \_\_\_\_\_

Canvassed by:

\_\_\_\_\_  
 Signature over printed name

\_\_\_\_\_  
 (Business Name)  
 \_\_\_\_\_  
 (Business Address )  
 \_\_\_\_\_  
 (Telephone No.)

Position: \_\_\_\_\_ Date: \_\_\_\_\_  
 Tel No: \_\_\_\_\_  
 E-mail Address: \_\_\_\_\_