



**Republic of the Philippines
SOCIAL SECURITY SYSTEM
East Avenue, Diliman, Quezon City**

REQUEST FOR QUOTATION

2020-0072

SEALED CANVASS

June 1, 2020
Date

PHILGEPS REF. #: 7021408
DATED POSTED : 06-01-20
POSTED BY : ERIKA

Sir / Madam :

Please furnish us with your quotation on or before JUNE 5, 2020 @5:00PM for the following items:

No.	Quantity	PARTICULARS	Unit Cost	Total Cost
1	4 Bottles	ALCOHOL , 1,000 ml., Pump Dispenser, 70% Isopropyl Brand: _____ ABC = P 250.00 / Bottle	P _____/Bottle	P _____
2	2,187 Bottles	ALCOHOL , 500 ml., 70% Isopropyl Brand: _____ ABC = P 80.00 / Bottle <u>DISTRIBUTION: (Pieces)</u> Item # 1: IAD Item # 2: OSD - Bulk Purchase GRAND TOTAL ABC = P 175,960.00 [FY 2020 APP (Original) -VARIOUS SUPPLIES not carried in stock / item not available in stock (Pool Budget) under PAP Code # 423] With PPMD Request # 2020- 0187 dated 6-1-2020 (Revised)	P _____/Bottle	P _____

Delivery Terms: Twenty (20) Calendar Days from receipt of approved Job Order / Purchase Order.

Payment Terms: Government Terms (Payment is upon delivery of items / services and submission of billing documents.)

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.) Supplier is required to indicate his PhilGeps Registration Number on the canvass form.**
 - 3.) SSS shall withhold the applicable taxes from the amount payable in accordance with the BIR regulations.**
 - 4.) Alternative offer is not allowed.**
 - 5.) Quantity is subject to change but not to exceed the quantity in the approved P.O.**
 - 6.) Please specify brand name offered.**
 - 7.) For further clarification of details, please send an e-mail to pmd@sss.gov.ph.**
 - 8.) Delivery of goods shall be at THE PPMD, 2/F, SSS Main Office, East Avenue, Diliman, Q.C.
Contact Persons: Mr. Orlando Marcos (0915) 536-0089 or Mr. Jonic Hocate (0929) 551-9316.**

This is to certify that my Company is updated in the payment of contributions and loans to SSS, and conformed with the above terms & conditions, 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.

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,

Hydee R. Raquid
HYDEE R. RAQUID

Department Manager III

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