



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

**REQUEST FOR QUOTATION**

**2020-0085**

May 27, 2020  
Date

PHILGEPS REF. #:7014857  
DATED POSTED :05-28-20  
POSTED BY :ERIKA

Sir / Madam:

Please furnish us with your quotation on or before June 02, 2020@ 5:00PM for the following items:

No.	Quantity	PARTICULARS	Unit Cost	Total Cost
1	285 sq. ft.	Supply, Delivery & Installation of Sunscreen Roller Shades (White; Chain-Operated) for the Office of SVP Agas at SSS Main Office, East Avenue, Diliman, Quezon City ABC = ₱ 225.00 / sq. ft.	₱ _____ / sq.ft	₱ _____
		GRAND TOTAL ABC = ₱ 64, 125.00		
EFMD – Memo, PR # 1038-20 received by PPMD dated 3-2-2020 with Request # 2020-134 [APP FY 2020, Original - #356 M/R Building - Repairs & Others -Standard Repairs & Renovations] (1st Canvass 2020-0057 dated 03 02 2020)				

**Delivery Terms: Fifteen (15) Calendar Days from receipt of approved Job Order / Purchase Order.**

**Payment Terms: Government Terms (Payment is upon delivery of items / services & 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 of the approved P.O.**
- 6.) **For technical clarifications, please call Engr. Ryan Charles Reyes / EFMD at 920-6401 local 5528 or email at floresff@sss.gov.ph**

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**  
Department Manager III

Procurement, Planning & Management Department  
**Tel No. 920-6401 loc 5504-5507**

**Fax No. 435-9861**

E-mail Address: [bansilea@sss.gov.ph](mailto:bansilea@sss.gov.ph); [pmd@sss.gov.ph](mailto:pmd@sss.gov.ph)

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