



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

REQUEST FOR QUOTATION

2020-0104

July 10, 2020
Date

PHILGEPS REF. NO.: 7106818
DATE POSTED : ERIKA
POSTED BY : 07-13-20

Sir / Madam :

Please furnish us with your quotation on or before **July 17, 2020 @ 5:00PM** for the following items:

No.	Quantity	PARTICULARS	Unit Cost	Total Cost
1	28 Sessions	Hiring of Two (2) Zumba Instructors for SSS Fitness Program, with the following requirements: ABC= 3,500.00 / Session (for 2 Instructors) - Must have 2 years experience in the field of zumba dancing. - Virtual zumba set-up via Microsoft Teams. - Date of conduct is September to December. - Payment will be on a monthly basis to be deposited in the assigned bank account. GRAND TOTAL ABC = P 98,000.00 PMERD - Memo received by PPMD dated 7-10-2020 with Request # 2020-0214 [FY APP 2020, Original] - Athletics & Wellness (Main Office & NCR) # 299	P _____ /Session (for 2 Instructors)	P _____

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

Price validity : Three (3) Months

- NOTE/S:**
- 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.
 - Supplier is required to indicate his PhilGeps Registration Number on the canvass form.**
 - SSS shall withhold the applicable taxes from the amount payable in accordance with the BIR regulations.
 - Alternative offer is not allowed.**
 - Quantity is subject to change but not to exceed the quantity in the approved P.O.**
 - For clarification of details, please contact Mr. Roland Doming / PMERD @ (8) 920-6401 local 5482 or via e-mail to domingorr@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
HYDEE R. RAQUID

Department Manager III *9-8*

Procurement, Planning & Management Department

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