



Republic of the Philippines  
**SOCIAL SECURITY SYSTEM**  
 Office of the Vice President  
 Luzon North 1 Division  
**BIDS AND AWARD COMMITTEE**

CANVASS FORM NO:

**BACD LN1D-A-002**

January 9, 2020  
 Date

**SEALED CANVASS**

Sir / Madam:

Please furnish us with your quotation on or before January 13, 2020 at 2PM for the following items. Submit the fully accomplished RFQ with the complete attachment indicated below (Notes 2 & 4) to the Administrative Section of SSS Laoag Branch at RT Bueno Bldg., Brgy 18, Laoag City (SSS Laoag Branch) to the BACD Secretariat at 2/F SSS Baguio Bldg., Harrison Road, Baguio City.

No.	Quantity	PARTICULARS	Unit Cost	Total Cost	
1	1 lot	<b>Messengerial Services for SSS Laoag for the period January to December 2020</b>	Php _____	Php _____	
		<b>Specifications:</b> Pick up and delivery of parcels must be 1-2 days upon pick up from SSS Laoag Branch			
		<b>SIZE</b>			
		<b>LETTER (MAX 100 g)</b>	<b>PCS ABC TOTAL ABC</b>		
		LUZON	304 110.00 33,440.00	Php _____	Php _____
		METRO MANILA	335 120.00 40,200.00	Php _____	Php _____
		<b>ONE POUND (MAX 500 g)</b>			
		LUZON	251 130.00 32,630.00	Php _____	Php _____
		METRO MANILA	73 145.00 10,585.00	Php _____	Php _____
		<b>THREE POUNDS (MAX 1,500 g)</b>			
		LUZON	2 240.00 480.00	Php _____	Php _____
		METRO MANILA	2 265.00 530.00	Php _____	Php _____
		Price must be inclusive of EWT & VAT Approved Budget for the Contract: Php 117,865.00			

**Delivery Terms: 7 calendar days from receipt of approved Letter Order/Job Order/Purchase Order**

**Payment Terms: Supplier shall be paid in accordance to Government Terms. Shall be paid thru check.**

**Price validity: Three (3) Months**

**Area of Delivery: RT Bueno Bldg., Brgy 18, Laoag City, SSS Laoag Branch**

Very truly yours,

**JAN NEILSON E. TUGAS**  
 BACD Secretariat

**Canvassed by:**

(Signature over Printed Name)

Position: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE/S:**

- The winning bidder for procurements/projects with Approved Budget for the Contract (ABC) of 100,000.00 and above is required to post a Performance Bond from receipt of Notice of Award equivalent to 5% (for Goods & Consulting Services) and 10% (for infrastructure Projects) Cash or cashier's/manager's check issued by a Universal or Commercial Bank; Bank draft/guarantee or irrevocable letter of credit issued by a Universal or Commercial Bank: Provided, however, that it shall be confirmed or authenticated by a Universal or Commercial Bank, if issued by a foreign bank. 30% if Surety bond callable upon demand issued by a surety or insurance company duly certified by the Insurance Commission as authorized to issue such security. **Performance Bond is MANDATORY in case of INFRASTRUCTURE Project.**
- The supplier is required to indicate its PhilGeps Registration Number on the Canvass Form especially if the ABC of the project is P50,000.00 and below. **Attach the PhilGeps Registration Certificate if the project is with ABC equal and/or greater to P50,000.01.**
- The SSS shall withhold the applicable taxes from the amount payable in accordance with the BIR regulations.
- The Mayor's Permit/Business Permit, PhilGeps Registration Number/Certificate, Income/Business Tax Return, Sec Registration/DTI/CDA, BIR 230, shall be submitted together with your quotation. The Omnibus Sworn Statement shall be submitted immediately upon request of the procuring branch dept. (for project with ABC of P50,000.00 up to P100,000.00) or upon request of the BAC-D after the evaluation (for project with ABC of P100,000.01 and above). If corporation, the Omnibus Sworn Statement shall be accompanied by a Board Resolution or Secretary's Certificate. **Non-submission of the foregoing documents shall be a ground for disqualification.**
- For clarification of details, please call Ms. Dana A. Agtang (077) 770-3113

**Reminder : Price quotation should be made with extra care taking into account the specification and unit of quantity to avoid errors. The supplier binds himself/herself to this quotation's TERMS & CONDITIONS.**

This is to certify that the data and quotation indicated on this form are valid/true & correct.

\_\_\_\_\_  
**Owner/Company Representative**  
 ( Signature over Printed Name)

\_\_\_\_\_  
 (Date Received/Signed)

Name of Business: \_\_\_\_\_

Business Address: \_\_\_\_\_

Employer Number : \_\_\_\_\_

Contact Number : \_\_\_\_\_

PhilGEPS Registration No. \_\_\_\_\_

Email Address : \_\_\_\_\_

T.I.N. No.: \_\_\_\_\_