

CANVASS FORM No.: LN20-2022-005

Republic of the Philippines SOCIAL SECURITY SYSTEM Luzon North Division 2 Santiago Branch

SEALED CANVASS

JUNE 16, 2022 Date

Sir / Madam:

Please furnish us with your quotation on or before

JUNE 28, 2022 @ 2pm

for the following items:

Vo.	Quantity	PARTICULARS		Unit Cost	Total Cost
		Supply an	d Delivery of:		
1	1 LOT	Messengerial Services for CALENDAY YEAR 2022 with			
		Letter (max. of 100 grams)			
		40 pcs Metro Manila AB	C = P120.00/pc		
		60 pcs Luzon AB	C = P107.00/pc		
		One (1) Pound (min. of 500 gra			
		45 pcs Metro Manila AB	C = P145.00/pc		
		95 pcs Luzon AB	C = P130.00/pc		
		Three (3) Pounder (min. of 1,50			
		12 pcs Metro Manila AB	C = P266.00/pc		
		36 pcs Luzon AB	C = P238.00/pc		
		Five (5) Pounder (min. of 2,500	grams)		
		12 pcs Metro Manila AB	C = P306.00/pc		
		24 pcs Luzon AB	C = P273.00/pc		
				TOTAL	Р

Approved Budget: Php 52,079,00

Delivery Terms: Staggard for SIX (6) Months

Payment Terms: Supplier shall be paid in accordance with Government Terms.

Price validity: Three (3) months

NOTE/S: 1.) The winning bidder MAY be required to post a Performance Bond within Three (3) Calendar Days from receipt of Notice of Award from receipt of Notice of Award equivalent to 5% Cash, Cashier's / Manager's Check, 10% Bank Guarantee / Draft or 30% Surety Bond callable upon demand, of the contract price. Performance bond is MANDATORY in case of INFRASTRUCTURE PROJECT.

2.) The supplier is required to indicate his PhilGeps Registration Number on the canvass form.

3.) The SSS shall withhold the applicable taxes from the amount payable in accordance with the BIR regulations.

4.) Please specify brand name / model being offered.
5.) For further inquiries, kindly call ROGIE BEN C. RUIZ at (078)-305-3301

6.) THE UPDATED SSS CERTIFICATE OF COMPLIANCE, BIR 2303, MAYOR'S PERMIT/BUSINESS PERMIT, PHILGEPS REGISTRATION NUMBER, INCOME/BSUINESS TAX RETURN SHALL BE SUBMITTED TOGETHER WITH YOUR QUOTATION. THE OMNIBUS SWORN STATEMENT IS TO BE SUBMITTED AFTER EVALUATION. NON-SUBMISSION OF OF THE FOREGOING DOCUMENTS SHALL BE A GROUND FOR DISQUALIFICATION.

This is to certify that my Company is updated in the payment of contributions and loans to SSS 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 TERMS & CONDITIONS. amon Very Truly Yours. JEANNE D. MESA Branch Head SSS Santiago Branch Tel No. (078)-305-3301 E-mail Address: santiago@sss.gov.ph Please indicate below your Business Name. Address and Telephone Number and Date Received. Your Business SSS No. PhilGeps Registration No. TIN No BEN C. RUIZ Date Received: Canvasser Signature over Printed Name

Position: Acting CEO I

Date:

(Email Address) *In case of Self-Employed, please indicate your SSS number.

(Business Name)

(Address & Telephone No.)