



October 18, 2024

**NOTICE TO PROCEED**

**AYAMED DRUG DISTRIBUTOR**

490 Shaw Blvd., cor. J Luna,  
Mandaluyong City

**THRU: MS. PRECIOUS ZARA FUA**

Authorized Representative  
Ayamed Drug Distributor

Dear **Ms. Fua**,

The attached Purchase Order / Contract Agreement having been approved, notice is hereby given to **AYAMED DRUG DISTRIBUTOR**. Performance may commence on the contract for the following requirement under Purchase Request No. 2024-09-190 dated 03 July 2024 effective on the date of receipt of this notice:

CFO REQUIREMENTS		
Quantity	Item Description	TOTAL COST (VAT INCLUSIVE)
2 boxes	Clonidine 75mcg/tab (anti-hypertensive drug) Clodin	PHP2,000.00
2 pieces	Pulse Oximeter	PHP1,800.00
2 pieces	Thermometer Infrared Gun Type	PHP1,600.00
4 pieces	Hot & Cold Gel Pack	PHP800.00
3 boxes	Gauze Pad Absorbent 4x4/box (Sterile)	PHP1,200.00
24 pieces	Providone 10% Antiseptic 15ml	PHP960.00
10 pieces	Gauze Bandage 4x10/pc	PHP300.00
2 boxes	Cotton Pledget Pack	PHP600.00
2 boxes	Tongue Depressor (Sterile) 100's	PHP500.00
1 unit	Refrigerator (Ordinary) 3 cu. ft.	PHP9,500.00
30 pieces	Surgical Tape (Micropore) 2.5cm x 9"/pc 3M	PHP1,800.00
1 piece	First Aid Cabinet (stainless)	PHP2,200.00
25 packs	Diffiam Lozenges 8s Mint Diffiam	PHP7,000.00
30 pieces	Topical Antibacterial Ointment Mupirocin	PHP6,000.00
300 pieces	Butamirate Citrate 50mg Wellrate	PHP6,000.00
150 sachets	Oral Rehydration Salts Ambilyte	PHP2,250.00
<b>TOTAL AMOUNT</b>		<b>PHP44,510.00</b>

**Delivery Schedule: 15 calendar days upon receipt of the Notice to Proceed**

Upon receipt of this notice, you are responsible for performing the services under the terms and conditions of the agreement and in accordance with the delivery schedule. Please acknowledge receipt and acceptance of this notice by signing both copies in the space provided below. Keep one copy and return the other to the **Commission on Filipinos Overseas**.

Very truly yours,



**SEC. DANTE FRANCIS M. ANG II**  
Chairperson

I acknowledge receipt of this notice on : \_\_\_\_\_  
Name of the Representative of the Bidder : \_\_\_\_\_  
Authorized Signature : \_\_\_\_\_

The Head of the Procuring Entity or his duly authorized representative shall issue the Notice to Proceed within three (3) calendar days from the date of the approval of the contract.



October 17, 2024

Reference: **PO No: 2024-10-107**

**NOTICE OF AWARD**

**AYAMED DRUG DISTRIBUTOR**

490 Shaw Blvd., cor. J Luna,  
Mandaluyong City

**THRU: MS. PRECIOUS ZARA FUA**

Authorized Representative  
Ayamed Drug Distributor

Dear **Ms. Fua**,

This is to inform you that the Bids and Awards Committee (BAC) of the Commission on Filipinos Overseas has awarded you the contract for the **Supply and Delivery of CFO Clinic's Medicine and Medical Supplies** (Purchase Request No. 2024-09-190 dated 03 July 2024) and you are hereby issued this Notice of Award:

CFO REQUIREMENTS		
Quantity	Item Description	TOTAL COST (VAT INCLUSIVE)
2 boxes	Clonidine 75mcg/tab (anti-hypertensive drug) Clodin	PHP2,000.00
2 pieces	Pulse Oximeter	PHP1,800.00
2 pieces	Thermometer Infrared Gun Type	PHP1,600.00
4 pieces	Hot & Cold Gel Pack	PHP800.00
3 boxes	Gauze Pad Absorbent 4x4/box (Sterile)	PHP1,200.00
24 pieces	Providone 10% Antiseptic 15ml	PHP960.00
10 pieces	Gauze Bandage 4x10/pc	PHP300.00
2 boxes	Cotton Pledget Pack	PHP600.00
2 boxes	Tongue Depressor (Sterile) 100's	PHP500.00
1 unit	Refrigerator (Ordinary) 3 cu. ft.	PHP9,500.00
30 pieces	Surgical Tape (Micropore) 2.5cm x 9"/pc 3M	PHP1,800.00
1 piece	First Aid Cabinet (stainless)	PHP2,200.00
25 packs	Diffiam Lozenges 8s Mint Diffiam	PHP7,000.00
30 pieces	Topical Antibacterial Ointment Mupirocin	PHP6,000.00
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150 sachets	Oral Rehydration Salts Ambilyte	PHP2,250.00
<b>TOTAL AMOUNT</b>		<b>PHP44,510.00</b>

**Delivery Schedule: 15 calendar days upon receipt of the Notice to Proceed**

**INSTRUCTIONS:**

If you have no corrections to the contents of this Notice of Award (NOA), please send an advance signed copy of the NOA together with the attached Contract/Purchase Order (**P.O. No. 2024-10-107 dated 17 October 2024**) within the day upon receipt of this notice. You can personally sign the original copy of the documents or send an authorized representative to get the original documents at our office located at **2<sup>1st</sup> Floor, Administrative and Finance Division, The Upper Class Tower, Quezon Avenue cor, Sct. Reyes St, Diliman, Quezon City.**

Please note that the original copy of the NOA and all copies of the Contract/PO shall be returned to the Commission on Filipinos Overseas. Failure to sign and return the documents may result in cancellation of the award.

Very truly yours

  
SEC. DANTE FRANCIS M. ANG II  
Chairperson

**CONFORME:**

\_\_\_\_\_  
PRINTED NAME / POSITION

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE



Commission on Filipinos Overseas

Document Code CFO-AFD-FR-PRO-002  
Page No.  
Revision No. 0  
Effective Date 15 March 2017

**PURCHASE ORDER**

Supplier : **AYAMED DRUG DISTRIBUTOR**  
Address : **490 Shaw Blvd., cor. J Luna, Mandaluyong City**  
TIN : **408-997-822-00000**

P.O. No. : **2024-10-107**  
Date : **17-Oct-24**  
Mode of Procurement : **Small Value Procurement**

Gentlemen:

Place of Delivery : **21st Floor, The Upper Class Tower, Quezon Ave., cor. Sgt. Reyes St., Diliman, Quezon City**  
Delivery Schedule: **15 calendar days upon receipt of the Notice to Proceed**

Delivery Term : **FULL SERVICES**  
Payment Term : **LDDAP-ADA**

Stock/Property No.	Unit	Description	Quantity	Unit Cost	Amount
		Supply and Delivery of the following Medicine and Medical Supplies:			
	box	Clonidine 75mcg/tab (anti-hypertensive drug) Clodin	2	1,000.00	2,000.00
	pieces	Pulse Oximeter	2	900.00	1,800.00
	pieces	Thermometer Infrared Gun Type	2	800.00	1,600.00
	pieces	Hot & Cold Gel Pack	4	200.00	800.00
	box	Gauze Pad Absorbent 4x4/box (Sterile)	3	400.00	1,200.00
	pieces	Providone 10% Antiseptic 15ml	24	40.00	960.00
	pieces	Gauze Bandage 4x10/pc	10	30.00	300.00
	box	Cotton Pledget Pack	2	300.00	600.00
	box	Tongue Depressor (Sterile) 100's	2	250.00	500.00
	unit	Refrigerator (Ordinary) 3 cu. ft.	1	9,500.00	9,500.00
	pieces	Surgical Tape (Micropore) 2.5cm x 9"/pc 3M	30	60.00	1,800.00
	piece	First Aid Cabinet (stainless)	1	2,200.00	2,200.00
	packs	Diffiam Lozenges 8s Mint Diffiam	25	280.00	7,000.00
	pieces	Topical Antibacterial Ointment Mupirocin	30	200.00	6,000.00
	pieces	Butamirate Citrate 50mg Wellrate	300	20.00	6,000.00
	sachets	Oral Rehydration Salts Ambilyte	150	15.00	2,250.00
		(Per Purchase Request No. 2024-09-190 dated 03 July 2024 )			
		<b>x-x-x-x-x-x-x-x-x-x-Nothing Follows-x-x-x-x-x-x-x-x-x</b>			

**(Total Amount in Words) FORTY-FOUR THOUSAND FIVE HUNDRED TEN PESOS ONLY** **44,510.00**

In case of failure to make the full delivery within the time specified above, a penalty of one-tenth (1/10) of one percent for every day of delay shall be imposed on the undelivered item/s.

Conforme:

\_\_\_\_\_  
Signature over Printed Name of Supplier  
\_\_\_\_\_  
Date

Very truly yours,  
  
**SEC. DANTE FRANCIS M. ANG II**  
Chairperson

Fund Cluster : \_\_\_\_\_  
Funds Available : \_\_\_\_\_

**CANDELARIO R. GARCIA**  
Signature over Printed Name of Chief Accountant

ORS/BURS No. : \_\_\_\_\_  
Date of the ORS/BURS: \_\_\_\_\_  
Amount : \_\_\_\_\_



Commission on Filipinos Overseas

Document Code **CFO-AFD-FR-PRO-002**

Page No.

Revision No. **0**

Effective Date **15 March 2017**

**PURCHASE ORDER**

Supplier : **AYAMED DRUG DISTRIBUTOR**  
 Address : **490 Shaw Blvd., cor. J Luna, Mandaluyong City**  
 TIN : **408-997-822-00000**

P.O. No. : **2024-10-107**  
 Date : **17-Oct-24**  
 Mode of Procurement : **Small Value Procurement**

Gentlemen:

Place of Delivery : **21st Floor, The Upper Class Tower, Quezon Ave., cor. Sgt. Reyes St., Diliman, Quezon City**

Delivery Term : **FULL SERVICES**

Delivery Schedule: **15 calendar days upon receipt of the Notice to Proceed**

Payment Term : **LDDAP-ADA**

Stock/Property No.	Unit	Description	Quantity	Unit Cost	Amount
		Supply and Delivery of the following Medicine and Medical Supplies:			
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	pieces	Pulse Oximeter	2	900.00	1,800.00
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	pieces	Hot & Cold Gel Pack	4	200.00	800.00
	box	Gauze Pad Absorbent 4x4/box (Sterile)	3	400.00	1,200.00
	pieces	Providone 10% Antiseptic 15ml	24	40.00	960.00
	pieces	Gauze Bandage 4x10/pc	10	30.00	300.00
	box	Cotton Pledget Pack	2	300.00	600.00
	box	Tongue Depressor (Sterile) 100's	2	250.00	500.00
	unit	Refrigerator (Ordinary) 3 cu. ft.	1	9,500.00	9,500.00
	pieces	Surgical Tape (Micropore) 2.5cm x 9"/pc 3M	30	60.00	1,800.00
	piece	First Aid Cabinet (stainless)	1	2,200.00	2,200.00
	packs	Diffiam Lozenges 8s Mint Diffiam	25	280.00	7,000.00
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	sachets	Oral Rehydration Salts Ambilyte	150	15.00	2,250.00
		(Per Purchase Request No. 2024-09-190 dated 03 July 2024 )			
		<b>x-x-x-x-x-x-x-x-x-x-Nothing Follows-x-x-x-x-x-x-x-x-x-x</b>			

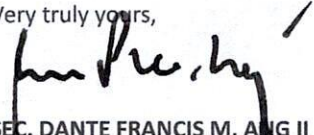
**(Total Amount in Words) FORTY-FOUR THOUSAND FIVE HUNDRED TEN PESOS ONLY 44,510.00**

In case of failure to make the full delivery within the time specified above, a penalty of one-tenth (1/10) of one percent for every day of delay shall be imposed on the undelivered item/s.

Conforme:

\_\_\_\_\_  
Signature over Printed Name of Supplier

\_\_\_\_\_  
Date

Very truly yours,  
  
**SEC. DANTE FRANCIS M. ANG II**  
 Chairperson

Fund Cluster : \_\_\_\_\_  
 Funds Available : \_\_\_\_\_

  
**CANDELARIO R. GARCIA**

Signature over Printed Name of Chief Accountant

ORS/BURS No. : \_\_\_\_\_  
 Date of the ORS/BURS: \_\_\_\_\_  
 Amount : \_\_\_\_\_