



Republic of the Philippines
PHILIPPINE CHILDREN'S MEDICAL CENTER
 Quezon Avenue, Quezon City
 Tel. No.: 8588-9900 Loc. 1329, 1330, 1331, 1332
 Fax No.: 85889997 • E-mail: pcmcproc@gmail.com

PURCHASE ORDER: 77426
 Date of P.O.: October 29, 2024
 PR NO: POSC-2024-005 Dated: 04/04/2024
 MODE OF PROCUREMENT: NP-53.9

TO: Supplier/Dealer Contractor: CITI MINDS MARKETING
 Address: 1624 West Zamora St. Paco Manila

Department/Office/Division/Section/Unit where delivery is to be made: Materials Management Division
 Location: Ground Floor, PCMC Bldg
 Special Instruction: _____
 Delivery period: 7 Working Days / Other Terms: _____
 Performance Security Posted:
 Cash Bank Guarantee Security Bond
 No: _____ Amount P: _____

Item No	QTY	UNIT	ARTICLES	UNIT COST	TOTAL COST
1	2	unit	Massage Chair Full Body Massage Chair / Black color 5 Automatic Massage Chair Programs Relaxing, Fatigue, Help Sleep, Recovery, Elderly Intelligent Touch Screen Display Built-in Hi-Fi Bluetooth Speaker Clockwise and Counterclockwise Rotation (Back Rollers) Adjustable Massage Speed Imitates Hand Massage Adjustable Massage Intensity 2D Massage Manipulator Neck and Shoulder Massage Armrest Massage 24 Kneading Rollers Adjustable Leg Extension (Manual Type) Sole Rolling Massage Hip-Airbag Pressure Massage Measurements: Width - 75cm Length - 115cm Height - 105cm Maximum Weight Capacity: 200 lbs Maximum Height: 176 cm Freebies: Free Eye Massager Demonstration upon delivery Free Delivery on selected areas 1 year warranty on parts Lifetime warranty on service Nothing Follows Note: For the use of Patient and Occupational Committee	79,500.00	159,000.00 (One hundred fifty nine thousand pesos only)

Funding Code: 5-02-03-21-0-990 / **TOTAL AMOUNT P** 159,000.00

FUNDS AVAILABLE: ₱159,000.00
 Attachment
 PR No: Abstract of 2024-618-M (NP)
 Canvass/Bids: RFQ-2024-560
 BAC Resolution No: 2024-09-531
 NOA No:
 NTP No:
 PhilGEPS Ref No: 11285900
 AMRP No:
 APPROVED: LEA M. VILLALOBOS, DBA, CPA Chief Accountant
SONIA B. GONZALEZ, M.D., MSCHSM, MPM Executive Director
CERTIFICATION
 This is to certify that I received today the Original copy of this Purchase Order, and held the Company bound by the terms and stipulation of the contract and other laws applicable
 Signature over printed name
 Date: _____

Distribution: Original - Attachment to payment
 Duplicate - Procurement/Materials Management Division