| FDP Form 14a -                       | Supplemental Procurement | Plan        |          |  |                         |             |  |   |  | S7/2012      |         | 16 - 16 - 16 |
|--------------------------------------|--------------------------|-------------|----------|--|-------------------------|-------------|--|---|--|--------------|---------|--------------|
|                                      |                          |             |          | SUPPLEMENT   | AL PROCU                | REMENT PL   | AN   |   |  |              |         |              |
|                                      |                          |             |          | FOR THE  | 1st Quarte              | er, CY 2015 |  |   |  |              |         |              |
|                                      | ty or Municipality: C    | AMALANIUGAN | !        |  |                         |             |  |   |  |              |         |              |
| Plan Control No.: Department/Office: |                          |             |          | Planned Amount   |                         |             |  | Page(1)of(3)pages                       |  |              |         |              |
|                                      |                          |             |          | Regular  | Contingency             |             | Total  |   |  | Date Submitt | ted:    |              |
|                                      |                          |             | 7-5      |  |                         |             | The state of the s | ISTRIBUTION                             |  | -            | 7-11/1  |              |
| Item No.                             | Description              | Unit Cost   | Quantity | Total Cost   | 1 <sup>st</sup> Quarter |             | 2 <sup>nd</sup> Quarter  |   | 3 <sup>rd</sup> Quarter 4 <sup>th</sup> Quar |              | luarter |              |
| Carlo Carlo Carlo                    |                          |             |          | 0.5000.5350  | Qty                     | Amount      | Qty  | Amount                                  | Qty  | Amount       | Qty     | Amount       |
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| TOTAL                                |                          |             |          |  |                         |             |  |   |  |              |         |              |
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This is to certify that the above procurement plan is in accordance with the objective of this office.

Prepared by:

DANTE E. CANILLO

(Head of Office)

## **Summary BY Office**

| DEPARTMENT | Head of Department/Office | Total Cost |
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