

**SUPPLEMENTAL PROCUREMENT PLAN
FOR THE 1st Quarter, CY 2015**

Province, City or Municipality: CAMALANIUGAN
 Plan Control No.: _____
 Department/Office: _____

Planned Amount		
Regular	Contingency	Total

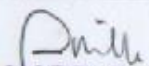
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 Date Submitted: _____

DISTRIBUTION

Item No.	Description	Unit Cost	Quantity	Total Cost	1 st Quarter		2 nd Quarter		3 rd Quarter		4 th Quarter	
					Qty	Amount	Qty	Amount	Qty	Amount	Qty	Amount
NONE												
TOTAL												

This is to certify that the above procurement plan is in accordance with the objective of this office.

Prepared by: _____


DANTE B. CANILLO
 SB MEMBER

 (Head of Office)

Summary BY Office

DEPARTMENT	Head of Department/Office	Total Cost

NONE