

**SUPPLEMENTAL PROCUREMENT PLAN
FOR THE 4th_ Quarter, CY 2019**

Province, City or Municipality: CAMALANIUGAN

Plan Control No.: _____

Department: _____

Planned Amount

Regular

Contingency

Total

Page ___ (1) ___ of (3) ___ pages

Date Submitted: _____

DISTRIBUTION

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

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

Prepared by:

Recommended by:

Reviewed by:

Approved by:

SGD.
LOURDES U.CEPEDA
Municipal Treasurer

SGD.
JULIUS I. URMATAM, GE
GSO

SGD.
SUSAN M. ORATA, CPA
Municipal Budget Officer

SGD.
ANGELICA CABADDU-DELA CRUZ
Local Chief Executive