

**SUPPLEMENTAL PROCUREMENT PLAN
FOR THE 3rd Quarter, CY 2016**

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

Planned Amount
 Regular Contingency Total

Page 1 of 3 pages
 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: HON. ISIDRO T. CABADDU
 (Head of Office)

