

SUPPLEMENTAL PROCUREMENT PLAN  
FOR THE 1st Quarter, CY 2016

Province, City or Municipality: CAMALANIUGAN

Plan Control No.: \_\_\_\_\_

Department/Office: \_\_\_\_\_

Planned Amount			Page ___ (1) ___ of (3) ___ pages
Regular	Contingency	Total	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
<h1>NONE</h1>												
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  
Local Chief Executive