

SUPPLEMENTAL PROCUREMENT PLAN  
FOR THE 4th\_ 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
<p style="font-size: 4em; color: orange; font-weight: bold; letter-spacing: 0.5em;">N O N E</p>												
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

