

**SUPPLEMENTAL PROCUREMENT PLAN
FOR THE 2nd Quarter, CY 2015**

Province, City or Municipality: CAMALANIUGAN

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
N O N E												
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)

