

SUPPLEMENTAL PROCUREMENT PLAN  
FOR THE 4<sup>th</sup> Quarter, CY 2014

Province, City or Municipality: CAMALANIUGAN  
 Plan Control No.: \_\_\_\_\_  
 Department/Office: \_\_\_\_\_

Planned Amount		
Regular	Contingency	Total

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 Date Submitted: \_\_\_\_\_

DISTRIBUTION

Item No.	Description	Unit Cost	Quantity	Total Cost	1 <sup>st</sup> Quarter		2 <sup>nd</sup> Quarter		3 <sup>rd</sup> Quarter		4 <sup>th</sup> 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: \_\_\_\_\_  
 (Head of Office)

