

**SUPPLEMENTAL PROCUREMENT PLAN
FOR THE 3rd Quarter, CY 2017**

Province, City or Municipality : _____

Plan Control No. _____

Department/ Office: _____

Planned Amount

Regular

Contingency

Total

Page ____ (1) ____ of ____ (3) ____ pages

Date Submitted: _____

Item No.	Description	Unit Cost	Quantity		Total Cost	DISTRIBUTION							
						1st Quarter		2nd Quarter		3rd Quarter		4th Quarter	
						Qty.	Amount	Qty.	Amount	Qty.	Amount	Qty.	Amount
1	Printer (3in1)	10,000.00	1		10,000.00					1	10,000.00		
2	Canon 810	1,000.00	4		4,000.00					4	4,000.00		
3													
4													
5													
6													
7													
8													
9													
10													
TOTAL													P 14,000.00

This is to certify that the above procurement plan is in accordance with the objective of this Office

Prepared by:

NEMIA B. MONZONES

(Head of Department/Office)