

**SUPPLEMENTAL PROCUREMENT PLAN
FOR THE 1st Quarter, CY 2018**

Province, City or Municipality : _____

ALAMINOS

Plan Control No. _____

Planned Amount

Page ___(1)___ of ___(3)___ pages

Department/ Office: _____

Regular

Contingency

Total

Date Submitted: _____

Item No.	Description	Unit Cost	Quantity	Total Cost	D I S T R I B U T I O N												
					1st Quarter		2nd Quarter		3rd Quarter		4th Quarter						
					Qty.	Amount	Qty.	Amount	Qty.	Amount	Qty.	Amount					
	<i>No supplemental procurement for this quarter.</i>																
TOTAL																	

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)