

**SUPPLEMENTAL PROCUREMENT PLAN
FOR THE 4th Quarter, CY 2017**

Province, City or Municipality : ALAMINOS

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	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)