

**SUPPLEMENTAL PROCUREMENT PLAN
FOR THE 1st Quarter, CY 2017**

Province, City or Municipality : _____

Plan Control No. _____

Department/ Office: _____

Planned Amount

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Regular

Contingency

Total

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		
	<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)