

**SUPPLEMENTAL PROCUREMENT PLAN
FOR THE THIRD Quarter, CY 2016**

Province, City or Municipality : MANAOAG

Plan Control No. _____

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Department/ Office: Mayor's Office

Planned Amount

Regular

Contingency

Total

Date Submitted:

Item No.	Project Description	Unit Cost	Quantity		Total Cost	DISTRIBUTION							
						1st Quarter		2nd Quarter		3rd Quarter		4th Quarter	
						Qty.	Amount	Qty.	Amount	Qty.	Amount	Qty.	Amount
1	NONE	NONE			NONE			NONE					
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													

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

Prepared by:

(S)

KIM MIKAEL G. AMADOR
Municipal Mayor

