

**SUPPLEMENTAL PROCUREMENT PLAN
FOR THE 4th Quarter, CY 2016**

Province, City or Municipality : MANAOAG

Plan Control No.

Department/ Office: Mayor's Office

Planned Amount
Regular Contingency Total

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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:


 — KIM MIKAEL G. AMADOR —
 Municipal Mayor

