

**SUPPLEMENTAL PROCUREMENT PLAN
FOR THE 2nd Quarter, CY 2019**

Province, City or Municipality: **BINANGONAN**

Plan Control no. _____	Planned Amount	Page ___ (1) ___ of ___ (3) ___ pages
Department/Office: _____	Regular	Date Submitted: _____
	Contingency	
	Total	

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	
NO SUPPLEMENTAL PROCUREMENT PLAN AS OF THIS REPORTING PERIOD													

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

Prepared by: **MS. ALICIA DJ. TORRES**
(SGD.)
Head of Department/Office