

SUPPLEMENTAL PROCUREMENT PLAN FOR THE 3rd Quarter, CY 2017

Municipality : **BINANGONAN**
 Plan Control No. _____

Planned Amount
 Regular _____ Contingency _____ Total _____

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 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	
NO SUPPLEMENTAL PROCUREMENT PLAN AS OF THIS REPORTING PERIOD													

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

Prepared by: _____ (SGD.)
Ms. ALICIA DJ. TORRES
 Head of Department/ Office