

**SUPPLEMENTAL PROCUREMENT PLAN
FOR THE 1st Quarter, CY 2018**

Province, City or Municipality: **BINANGONAN**

Plan Control no. _____	Planned Amount	Page ___ (1) ___ of ___ (3) ___ pages
Department/Office: PNP	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	
	Wall Fan	3,500.00	4	14,000.00									
	Stand Fan	3,500.00	2	7,000.00									
	Exhaust Fan	4,000.00	2	8,000.00									
	Ceiling/Orbit Fan	4,000.00	5	20,000.00									
	Monoblock Chair	800	10	8,000.00									
	Office table	10,000.00	2	20,000.00									
	Hig Chair	5,000.00	2	10,000.00									
	Swivel Chair	7,000.00	2	14,000.00									
	Steel Filing Cabinet	15,000.00	2	30,000.00									
TOTAL				131,000.00									

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

Prepared by: **MS. ALICIA A. DE JESUS**
Head of Department/Office

(SGD.)