

**SUPPLEMENTAL PROCUREMENT PLAN
FOR THE 4th 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
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: **(SGD.)
MS. ALICIA DJ. TORRES**
Head of Department/Office