

**SUPPLEMENTAL PROCUREMENT PLAN  
FOR THE 1ST Quarter, CY 2019**

Province, City or Municipality: **BINANGONAN**

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

Item No.	Description	Unit Cost	Quantity	Total Cost	<b>DISTRIBUTION</b>								
					1st Quarter		2nd Quarter		3rd Quarter		4th Quarter		
					Qty.	Amount	Qty.	Amount	Qty.	Amount	Qty.	Amount	
<b>NO SUPPLEMENTAL PROCUREMENT PLAN AS OF THIS REPORTING PERIOD</b>													

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