

SUPPLEMENTAL PROCUREMENT PLAN
 FOR THE 3rd Quarter, CY 2017

Province, City or Municipality: WAO

Plan Control No.				Planned Amount				Page ____ (1) ____ of ____ (3) pages			
Department/ Office:				Regular		Contingency		Total		Date Submitted	
Item No.	Description	Unit Cost	Quantity	DISTRIBUTION							
				1 st Quarter		2 nd Quarter		3 rd Quarter		4 th Quarter	
				Total Cost	Qty.	Amount	Qty.	Amount	Qty.	Amount	Qty.
TOTAL											

NO SUPPLEMENTAL

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

Prepared by: **BOBBY B. BALICAO**
Municipal Mayor