

SUPPLEMENTAL PROCUREMENT PLAN  
FOR THE 4<sup>th</sup> Quarter, CY 2016

Province, City or Municipality: WAO

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

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