

Supplemental Procurement Plan
 FOR THE 3rd Quarter of 2015

Province, City or Municipality: **TAAGUIS CITY**

Plan Control No. _____

Department Office: _____

Planned Amount

Regular

Contingency

Total

Date Submitted: _____

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Item No.	Description	Unit Cost	Quantity	Total Cost	DISTRIBUTION								
					1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	
				Qty.	Amount	Qty.	Amount	Qty.	Amount	Qty.	Amount	Qty.	Amount
N/A	N/A			N/A									
TOTAL													

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

Prepared by: _____

(Head of Department/Office)

