

**SUPPLEMENTAL PROCUREMENT PLAN
FOR THE 1st Quarter, CY 2014**

Province, City or Municipality : **Braulio E. Dujali**

Plan Control No. _____

Department/ Office: _____

Planned Amount

Regular

Contingency

Total

Page ____ (1) ____ of ____ (3) ____ pages

Date Submitted: _____

Item No.	Description	Unit Cost	Quantity		Total Cost	DISTRIBUTION									
						1st Quarter		2nd Quarter		3rd Quarter		4th Qu			
						Qty.	Amount	Qty.	Amount	Qty.	Amount	Qty.			
	NON FOR THE PERIOD														
TOTAL															

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

Prepared by:

LOLITA A. MORAL
(Head of Department/Office)

Quarter

Amount