

SUPPLEMENTAL PROCUREMENT PLAN

For the 1st Quarter, CY2016

MUNICIPALITY OF PURA, TARLAC

Plan Control No.	Planned Amount:	Page 1 of 1 page	
Department/Office:	Regular:	Contingency:	Total: Date Submitted: _____

Item No.	Description	Unit Cost	Quantity	Total Cost	DISTRIBUTION								
					1st Quarter		2nd Quarter		3rd Quarter		4th Quarter		
					Qty	Amount	Qty	Amount	Qty	Amount	Qty	Amount	
	NONE FOR THE MONTH												
TOTAL													

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

Prepared by: _____