

SUPPLEMENTAL PROCUREMENT PLAN
FOR THE _1ST_ Quarter, CY _2016

Province, City or Municipality : TARLAC CITY

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	D I S T R I B U T I O N								
					1st Quarter		2nd Quarter		3rd Quarter		4th Quarter		
					Qty.	Amount	Qty.	Amount	Qty.	Amount	Qty.	Amount	
	NONE							NONE	NONE				
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)

