

SUPPLEMENTAL PROCUREMENT PLAN  
FOR THE 1st Quarter, CY 2014

Province, City or Municipality: TAGUIG CITY

Plan Control No. \_\_\_\_\_

Planned Amount

Contingency N/A

Total N/A

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Department/Office: \_\_\_\_\_

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							
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
<b>TOTAL</b>																			

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

Prepared by: \_\_\_\_\_

(Head of Department/Office)











