

SUPPLEMENTAL PROCUREMENT PLAN
FOR THE 3rd Quarter, CY 2016

Province, City or Municipality : **BAYBAY CITY, LEYTE**

Plan Control No. _____

Department/ Office: **ALL DEPARTMENTS**

Planned Amount

Regular

Contingency

Total

Page (1) of (1) pages

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	
TOTAL													

No Supplemental Procurement Plan
for the 3rd Quarter 2016

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

Prepared by: _____
RAUL A. MABINI
City Budget Officer