

**SUPPLEMENTAL PROCUREMENT PLAN  
FOR THE 1st Quarter, CY 2017**

Province, City or Municipality : Cavite

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

Planned Amount

Page (1) of (1) pages

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	
<b>No Supplemental Procurement Plan</b>														
<b>TOTAL</b>														

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

Prepared by:  **ENGR. GLENN MILLER B. LEYVA**  
Head, BAC Secretariat