


**SUPPLEMENTAL PROCUREMENT PLAN
FOR THE 1ST QUARTER, CY 2017**

Province, City or Municipality: Lanao del Norte

Plan Control No. _____				Planned Amount				Page ___ of ___ pages					
Department/Office: _____				Regular	Contingency	Total		Date submitted:					
Item No.	Description	Unit Cost		Total Cost	DISTRIBUTION								
					1st Quarter		2nd Quarter		3rd Quarter		4rt Quarter		
					Qty.	Amount	Qty.	Amount	Qty.	Amount	Qty.	Amount	
1													
2													
3													
4													
5	NO SUPPLEMENTAL				No Supplemental								
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													

This is to certify that the above procurement plan is in accordance the objectives of this office

Prepared by:


ABENER I. MABUGNON
 (Head of Department/Office)