

**SUPPLEMENTAL PROCUREMENT PLAN  
FOR THE FIRST Quarter, CY 2016**

Province, City or Municipality : **SAN REMIGIO**

Plan Control No. \_\_\_\_\_  
Department/ Office: \_\_\_\_\_

Planned Amount  
Regular \_\_\_\_\_ Contingency \_\_\_\_\_ Total \_\_\_\_\_

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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>N - O - N - E</b>												
<b>TOTAL</b>												

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

Prepared by: \_\_\_\_\_  
**ROSEMARIE PESTAÑO**  
PROCUREMENT OFFICER

### Summary by Office

DEPARTMENT	Head Of Department/Office	Total Cost
<b>N - O - N - E</b>		

We hereby certify that we have reviewed the contents and hereby attest to the

  
**ROMARICO M. CABELLON**  
 \_\_\_\_\_  
 BAC Chairperson

  
**MARIANO R. MARTINEZ**  
 \_\_\_\_\_  
 Local Chief Executive