

**SUPPLEMENTAL PROCUREMENT PLAN
FOR THE 1st Quarter, CY 2014**

Province, City or Municipality: **SAN JOSE, CAMARINES SUR**

Plan Control No. _____

Department/Office: _____

Planned Amount

Regular

Contingency

Total

Page ____ (1) ____ of ____ (3) ____ 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	
1.	Business Plate 10x4	76.97			2,000 pcs	153,940.00							
2	Paracetamol 125mg/5ml syrup	6,000.00			4 gross	24,000.00							
3.	Cotrimoxazole suspension 60ml 200mg	6,900.00			3 gross	20,700.00							
4.	Ascorbic syrup 60ml 200mg	6,980.00			4 gross	27,920.00							
5.	Ambroxol syrup 60ml 15mg	6,630.00			1 gross	6,630.00							
6.	Amoxicillin 125mg/5ml suspension	5,360.00			1 gross	8,360.00							
7.	Paracetamol drops	6,490.00			2 gross	12,980.00							
8.	Amoxicillin drops	7,575.00			1 gross	7,575.00							
9.	Ambroxol drops	6,890.00			1 gross	6,890.00							
10.	Salbutamol syrup	5,780.00			1 gross	5,780.00							
11.	Paracetamol 500mg tablet	144.00			20 box	2,280.00							
12.	Amoxicillin 500mg capsule	536.00			15 box	8,040.00							
13.	Ambroxol 30 mg tablet	230.00			10 box	2,300.00							
14.	Symdex tablet	590.00			10 box	5,900.00							
15.	Vitamin B-Complex	320.00			10 box	3,200.00							
16.	Salbutamol tablet	180.00			5 box	900.00							
17.	Dicycloverine tablet	160.00			5 box	800.00							
18.	Mefenamic 500 mg	320.00			5 box	1,600.00							
19.	Cotrimoxazole tablet 800 mg	675.00			10 box	6,750.00							
20.	Diclofenac 50 mg	380.00			5 box	1,900.00							

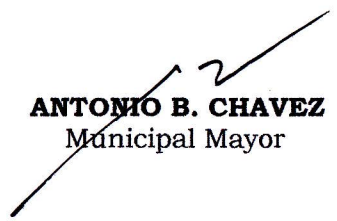
Prepared By:

Recommended By:

Approved By:


ANGELITA D. VASQUEZ
Supply Officer-Designate


MANNY CLIDORO
HRMO/Mun. Administrator


ANTONIO B. CHAVEZ
Municipal Mayor