

**SUPPLEMENTAL PROCUREMENT PLAN**  
 FOR THE 4<sup>th</sup> Quarter, CY 2014

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

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	

**NO SUPPLEMENTAL PROCUREMENT FOR THIS QUARTER**

<b>TOTAL</b>													

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

Prepared by:

*Angelita D. Vasquez*  
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**ANGELITA D. VASQUEZ**  
 SUPPLY OFFICER-DESIGNATE