

SUPPLEMENTAL PROCUREMENT PLAN

For the First Quarter CY 2019

Province, City or Municipality : <u>Iligan City</u>		Planned Amount :						Page <u>(1)</u> of <u>(1)</u>					
Plan Control No. _____		Regular		Contingency				Total		Date Submitted: _____			
Department Office: _____													
Item No.	Description	Unit Cost	Quantity	DISTRIBUTION								Remarks	
				Total	1st Quarter		2nd Quarter		3rd Quarter		4th Quarter		
				Cost	Qty	Amount	Qty	Amount	Qty	Amount	Qty		Amount
	NONE												

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

Prepared by: 
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 BAC Secretariat

Approved: 
CELSO G. REGENCIA
 City Mayor