

SUPPLEMENTAL PROCUREMENT PLAN


1st - 4th Quarter, CY 2020

Province, City or Municipality: Island Garden City of Samal

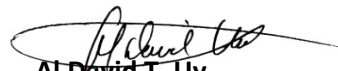
					Planned Amount				Page ___ of ___ pages				
Department/ Office: All Department					Regular	Contingency		Total		Date Submitted:			
Item No.	Description	Unit Cost	Quantity		Total Cost	DISTRIBUTION							
						1st Quarter		2nd Quarter		3rd Quarter		4th Quarter	
			No.	Description		Qty.	Amount	Qty.	Amount	Qty.	Amount	Qty.	Amount
<b>*** No Supplemental Procurement Plan for 1st,2nd,3rd and 4th Quarter</b>													
TOTAL													

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

Prepared By:

  
**Engr. Florante O. Enriquez**  
 Head, BAC Secretariat

Approved By:

  
**Al David T. Uy**  
 Local Chief Executive