

SUPPLEMENTAL PROCUREMENT PLAN
 FOR THE PERIOD: 4TH Quarter, CY 2017

MUNICIPALITY OF SAN NICOLAS, ILOCOS NORTE

Plan Control No. _____				Planned Amount				Page <u>1</u> of <u>1</u> pages						
Department/ Office: OFFICE OF THE MAYOR				Regular	Contingency	Total		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		
	NONE													
	TOTAL			-			-		-		-		-	
This is to certify that the above procurement plan is in accordance with the objective of this Office.														
Prepared by:				Approved by:										
<u>ALFREDO P. VALDEZ, JR., MD</u> Municipal Mayor				<u>ALFREDO P. VALDEZ, JR., MD</u> Municipal Mayor										
				Approved on: _____										