

**ANNUAL PROCUREMENT PLAN**  
FOR THE PERIOD: 1<sup>st</sup> 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												
<b>TOTAL</b>						-			-			-	
<p>This is to certify that the above procurement plan is in accordance with the objective of this Office.</p> <p>Prepared by: <u>ALFREDO P. VALDEZ, JR., MD</u> Municipal Mayor</p> <p>Approved by: <u>ALFREDO P. VALDEZ, JR., MD</u> Municipal Mayor</p>													