

SUPPLEMENTAL PROCUREMENT PLAN
 FOR THE PERIOD: 1st Quarter, CY 2018

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			-				-				-		-
<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> <p>Approved on: _____</p>														