

**SUPPLEMENTAL PROCUREMENT PLAN**  
 FOR THE PERIOD: 2<sup>ND</sup> 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																		
<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> <p>Approved on: _____</p>																			