

**SUPPLEMENTAL PROCUREMENT PLAN**  
For the 2nd Quarter, CY 2016

Province, City or Municipality : CITY OF DANAŌ

Plan Control No. \_\_\_\_\_

Planned Amount \_\_\_\_\_

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Department/Office: \_\_\_\_\_

Regular	Contingency	Total
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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>																				-

This is to certify that the above procurement plan is in accordance with the City's revised CY2016 APP, including supplemental, as of December 31, 2016

Prepared by: \_\_\_\_\_



\_\_\_\_\_  
**(SGS) MARINA CAPUYAN**  
*Head, BAC Secretariat*

