

SUPPLEMENTAL PROCUREMENT PLAN
FOR THE 2nd Quarter, CY 2019

Province, City or Municipality: CAVITE CITY

Plan Control No. _____

Department/ Office: G.S.O

Page (1) of (3) pages

Date Submitted: _____

Item No.	Description	Unit Cost	Quantity	Total Cost	Planned Amount				DISTRIBUTION											
					Regular	Contingency	Total		1st Quarter		2nd Quarter		3rd Quarter		4th Quarter					
							QTY.	Amount	QTY.	Amount	QTY.	Amount	QTY.	Amount	QTY.	Amount				
		0.00				0	-	0	-											
TOTAL																				

This is to certify that the above procurement plan is in accordance with the objective of this Office

Prepared by:


JOSEFINE P. OJEDA
 Supply Officer III

