SUPPLEMENTAL PROCUREMENT PLAN FOR THE 3rd Quarter YEAR 2015

Name of Local Government Unit: CITY HALL OF LAS PIÑAS __of___ ___ pages Page _ Planned Amount Plan Control No. _ Date Submitted: Regular Total Department/ Office: ALL DEPARTMENT Contingency DISTRIBUTION 2nd Quarter 3rd Quarter 4th Quarter 1st Quarter **Total Cost Unit Cost** Quantity Item No. Description Qty. Qty. Amount Amount Qty. Qty. Amount Amount -NONE-

Noted by:

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