

**SUPPLEMENTAL PROCUREMENT PLAN
FOR THE 4th Quarter YEAR 2015**

Name of Local Government Unit: CITY HALL OF LAS PIÑAS

Plan Control No. _____
Department/ Office: ALL DEPARTMENT

Planned Amount

Regular

Contingency

	Total
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Page _____ of _____ pages

Date Submitted:

[illegible]

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

Noted by:

ATTY. GERALD B. BELOSO
General Services Officer