

**SUPPLEMENTAL PROCUREMENT PLAN
FOR THE 1st Quarter YEAR 2015**

Name of Local Government Unit: CITY HALL OF LAS PIÑAS

Plan Control No. _____ Page _____ of _____ pages
 Department/ Office: ALL DEPARTMENT 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 -												

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

Noted by:  VICENT W. VALERA, JR.
Supply Officer III