

SUPPLEMENTAL PROCUREMENT PLAN
CY 2019

Province, City or Municipality : **CAGAYAN DE ORO CITY**

Plan Control No. _____ Planned Amount Page (1) of (1) page/s
 Department/ Office: _____ 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
	-xxx-				NONE	NONE	NONE	NONE	NONE	NONE	NONE	NONE
TOTAL												

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

Prepared by: _____
 (Sgd.) **ELDIE S. DAAYATA**
 OIC, City General Services Office