



**SUPPLEMENTAL PROCUREMENT PLAN  
MEDICAL & SURGICAL SUPPLIES/DENTAL SUPPLIES  
FOR THE 2nd QUARTER OF 2018**

Province, City or Municipality : I S A B E L A

Plan Control No. _____				Planned Amount				Page _____ of _____ pages				
Department/ Office: PROVINCIAL SOCIAL WELFARE & DEVELOPMENT OFFICE				Regular		Contingency		Total		Date Submitted: _____		
Item No.	Description	Unit Cost	Quantity	Total Cost	D I S T R I B U T I O N							
					1st Quarter		2nd Quarter		3rd Quarter		4th Quarter	
					Qty.	Amount	Qty.	Amount	Qty.	Amount	Qty.	Amount
<b>NONE TO REPORT</b>												
<b>TOTAL</b>											-	

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

Prepared By:

(SGD.) Allan Francis N. Ayroso  
Administrative Aide III

Noted By:

(SGD.) Rodrigo T. Sawit  
PGSO/BAC - Chairman

Approved By:

(SGD.) Hon. Faustino G. Dy III  
Provincial Governor