



**SUPPLEMENTAL PROCUREMENT PLAN
THIRD QUARTER FOR THE YEAR 2017
MEDICAL AND SURGICAL SUPPLIES**

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

Plan Control No. _____				Planned Amount				Page _____ of _____ pages					
Department/ 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	
NONE TO REPORT													
TOTAL													

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

Prepared By:

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Noted By:

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Approved By:

(SGD.) HON. FAUSTION G. DY, III
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