SUPPLEMENTAL PROCUREMENT PLAN
FOR THE __2nd_____Quarter, CY _____2022_____

Province, City or Municipality :_GINATILAN_____

Plan Control No. _____
Department/ Office: OFFICE OF THE MUN. TREASURER

Planned Amount
Regular | **Contingency** | **Total**

Page ____(1)____of___(1)_____ pages
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
1	PAPER CLIP, gem type, 22mm, 100s/box	12.00	4	pcs.	48.00			4	48.00		-		-
					-				-				
					-				-				
					-				-				
					-				-				
					-				-				
					-								
TOTAL					**48.00**		**-**		**48.00**		**-**		**-**

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

Prepared by: **JOCELYN C. MAGDADARO**
(Head of Department/Office)