

**SUPPLEMENTAL PROCUREMENT PLAN
FOR THE 1ST QUARTER, CY 2019**

Claveria, Cagayan

Plan Control No. _____ Planned Amount: **Php 81,500.00** Pages **01** of **01** pages
 Department Office: **OFFICE OF THE MUNICIPAL HEALTH OFFICER** 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
1	Losartan 50mg	500.00	40	bxs	20,000.00	40	20,000.00						
2	Metformin 500mg	300.00	100	bxs	30,000.00	100	30,000.00						
3	Metoprolol 50mg	300.00	100	bxs	30,000.00	100	30,000.00						
4	Magnesium Sulfate 25% (250mg/ml)	300.00	5	ml	1,500.00	5	1,500.00						
	TOTAL				81,500.00								
x	x x x x x x x	x x	x	x	x x	x	x x						

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

Prepared by:



JOANNE HAZEL A. NEYRA
Municipal Budget Officer