

**SUPPLEMENTAL PROCUREMENT PLAN  
FOR THE 3RD QUARTER, CY 2018**

Claveria, Cagayan

Plan Control No. \_\_\_\_\_

Planned Amount

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	anti-rabies vaccine (Rabipur)	2,200.00	100	unit	220,000.00	none	none	none	none	100	220,000.00		
	<b>TOTAL</b>									<b>100</b>	<b>220,000.00</b>		
	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