

**SUPPLEMENTAL PROCUREMENT PLAN
FOR THE 2nd 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 | Baby Powder 623g | 250.00 | 5 | pcs | 1,250.00 | none | none | 5 | 1,250.00 | | | | |
| 2 | KY Jelly | 250.00 | 4 | pcs | 1,000.00 | none | none | 4 | 1,000.00 | | | | |
| 3 | Micropore, ½", 24" | 1,000.00 | 3 | pcs | 3,000.00 | none | none | 3 | 3,000.00 | | | | |
| 4 | Oxytocin ampule | 20.00 | 60 | unit | 1,200.00 | none | none | 60 | 1,200.00 | | | | |
| 5 | Sterile Gauze, roll | 1,500.00 | 3 | roll | 4,500.00 | none | none | 3 | 4,500.00 | | | | |
| 6 | Anti-rabies vaccine (rabipur) | 2,000.00 | 50 | unit | 100,000.00 | none | none | 50 | 100,000.00 | | | | |
| | TOTAL | 5,020.00 | | | 110,950.00 | | | | 110,950.00 | | | | |
| | 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

**SUPPLEMENTAL PROCUREMENT PLAN
FOR THE 1st QUARTER, CY 2018**

Claveria, Cagayan

Plan Control No. _____

Planned Amount

Pages ____ of ____ pages

Department Office _____

Regular

Contingency


Total

Date Submitted

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|----------|-------------|-----------|----------|------|------------|--------------|--------|-------------|--------|-------------|--------|-------------|--------|--|
| | | | | | | 1st Quarter | | 2nd Quarter | | 3rd Quarter | | 4th Quarter | | |
| | | | | | | Qty | Amount | Qty | Amount | Qty | Amount | Qty | Amount | |
| | NONE | NONE | NONE | NONE | NONE | NONE | | | | | | | | |
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Prepared by:


JOANNE HAZEL A. NEYRA
 Municipal Budget Officer

**SUPPLEMENTAL PROCUREMENT PLAN
FOR THE 4th QUARTER, CY 2017**

Claveria, Cagayan

Plan Control No. _____

Department Office _____

Planned Amount

Regular

Contingency

Total


Pages ____ of ____ 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 |
| | NONE | NONE | NONE | NONE | NONE | NONE | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
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Prepared by:


JOANNE HAZEL A. NEYRA
 Municipal Budget Officer

**SUPPLEMENTAL PROCUREMENT PLAN
FOR THE 3rd QUARTER, CY 2017**

Claveria, Cagayan

Plan Control No. _____

Planned Amount **Php 180,000.00**

Pages **01** of **01** pages

Department Office: **MUNICIPAL HEALTH OFFICE**

Regular

Contingency

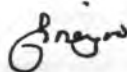
Total

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 | Glucometer Strips, 50's (BG Star) | 1,200.00 | 125 | box | 150,000.00 | NONE | NONE | NONE | NONE | 125 | 150,000.00 | | |
| 2 | Multi-vitamins syrup | 3,000.00 | 10 | box | 30,000.00 | NONE | NONE | NONE | NONE | 10 | 30,000.00 | | |
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| | TOTAL | | | | | | | | | | 180,000.00 | | |

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Municipal Budget Officer

**SUPPLEMENTAL PROCUREMENT PLAN
FOR THE 2nd QUARTER, CY 2017**

Claveria, Cagayan

Plan Control No. _____

Department Office _____

Planned Amount

Regular

Contingency

Total

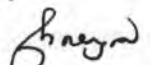
Pages ____ of ____ pages

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| | | | | | | Qty | Amount | Qty | Amount | Qty | Amount | Qty | Amount |
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Prepared by:


JOANNE HAZEL A. NEYRA
 - Municipal Budget Officer

**SUPPLEMENTAL PROCUREMENT PLAN
FOR THE 1st QUARTER, CY 2017**

CLAVERIA, CAGAYAN

Plan Control No. _____

Planned Amount

Pages ____ of ____ pages

Department Office _____

Regular

Contingency

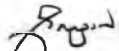
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Prepared by:


JOANNE HAZEL A. NEYRA
 OIC - Municipal Budget Officer

**SUPPLEMENTAL PROCUREMENT PLAN
FOR THE 4th QUARTER, CY 2016**

Claveria, Cagayan

Plan Control No. _____

Planned Amount

Pages ____ of ____ pages

Department Office _____

Regular

Contingency

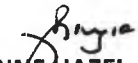
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| | | | | | | 1st Quarter | | 2nd Quarter | | 3rd Quarter | | 4th Quarter | |
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**SUPPLEMENTAL PROCUREMENT PLAN
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Claveria, Cagayan

Plan Control No. _____

Planned Amount

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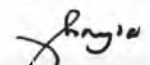
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Prepared by:


ESTRELLA D. ANDRES
 OIC - Municipal Budget Officer

**SUPPLEMENTAL PROCUREMENT PLAN
FOR THE 1st QUARTER, CY 2016**

Claveria, Cagayan

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| | | | | | | 1st Quarter | | 2nd Quarter | | 3rd Quarter | | 4th Quarter | |
| | | | | | | Qty | Amount | Qty | Amount | Qty | Amount | Qty | Amount |
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