

**SUPPLEMENTAL PROCUREMENT PLAN  
FY 2020**

Province, City or Municipality: PURA

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

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Department/ Office:		Planned Amount			Date Submitted:								
		Regular	Contingency	Total									
Item No.	Description	Unit Cost	Quantity		Total Cost	DISTRIBUTION							
			No.	Description		1st Quarter		2nd Quarter		3rd Quarter		4th Quarter	
						Qty.	Amount	Qty.	Amount	Qty.	Amount	Qty.	Amount
	NONE												
<b>TOTAL</b>													

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

\_\_\_\_\_  
Head of Department/Office