

**SUMMARY BY OFFICE**

| <b>DEPARTMENT</b>  | <b>HEAD OF DEPARTMENT/OFFICE</b>    | <b>TOTAL COST</b> |
|--|-------------------------------------|-------------------|
| Office of the Mayor  | <b>HON. MARTIN RAUL S. SISON II</b> | 1,233,914.54      |
| Office of the Vice-Mayor, SB Members & SB Secretary        | <b>HON. RAYES P. FRIAS</b>          | 443,900.00        |
| Office of the Municipal Treasurer                          | <b>DR. LOIDA M. CANCINO</b>         | 54,176.50         |
| Office of the Municipal Assessor                           | <b>MERLE C. MORENO</b>              | None              |
| Office of the Municipal Accountant                         | <b>ARLON C. TAMONDONG</b>           | None              |
| Office of the Municipal Civil Registrar                    | <b>WILMA V. CALUGAY</b>             | None              |
| Office of the Municipal Budget Officer                     | <b>MARIA ANGELICA DG. FERRER</b>    | None              |
| Office of the Municipal Planning & Development Coordinator | <b>ENGR. RUBEN A. BAYSIC</b>        | None              |
| Office of the Chief Administrative Officer                 | <b>BENIGNA A. RAMOS</b>             | None              |
| Office of the Municipal Engineer                           | <b>ENGR. NORBERTO C. CANCINO</b>    | None              |
| Office of the Municipal Agriculturist                      | <b>DR. MANUEL C. VALLO</b>          | None              |
| Office of the Municipal Social Welfare & Development       | <b>MERCEDES R. BIGAY</b>            | None              |
| Office of the Municipal Health Office                      | <b>DR. CATHERINE B. LICUANAN</b>    | None              |
| Operation of Market & Slaughterhouse                       | <b>DR. LOIDA M. CANCINO</b>         | None              |

SUPPLEMENTAL PROCUREMENT PLAN  
FOR THE 4th Quarter, CY 2015

Province, City or Municipality : PANGASINAN, URBIZTONDO

|  |                                     |  |
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| Plan Control No. _____                         | Planned Amount                      | Page ____ (1) ____ of ____ (1) ____ page |
| Department/ Office: <u>OFFICE OF THE MAYOR</u> | 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        | Representation Expenses                | 80,000.00    |          |            |              |        |             |        |             |        |             |        | 80,000.00    |
| 2        | R & M Motor Vehicles                   | 164,546.54   |          |            |              |        |             |        |             |        |             |        | 164,546.54   |
| 3        | R & M office Equipment                 | 100,000.00   |          |            |              |        |             |        |             |        |             |        | 100,000.00   |
| 4        | Office Supplies                        | 209,368.00   |          |            |              |        |             |        |             |        |             |        | 209,368.00   |
| 5        | Other Maintenance & Operating Expenses | 180,000.00   |          |            |              |        |             |        |             |        |             |        | 180,000.00   |
| 6        | Capital Outlay                         | 500,000.00   |          |            |              |        |             |        |             |        |             |        | 500,000.00   |
|          |  |              |          |            |              |        |             |        |             |        |             |        |              |
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|          |  |              |          |            |              |        |             |        |             |        |             |        |              |
| TOTAL    |  | 1,233,914.54 |          |            |              |        |             |        |             |        |             |        | 1,233,914.54 |

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

Prepared by: *Martin Raul S. Sison*  
**HON. MARTIN RAUL S. SISON, II**  
*(Head of Department/Office)*



**SUPPLEMENTAL PROCUREMENT PLAN  
FOR THE 4th Quarter, CY 2015**

Province, City or Municipality : PANGASINAN, URBIZTONDO

Plan Control No. \_\_\_\_\_ Planned Amount Page \_\_\_\_ (1) \_\_\_\_ of \_\_\_\_ (1) \_\_\_\_ page

Department/ Office: OFFICE OF THE MUNICIPAL TREASURER 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        | Other Maintenance & Operating Expenses | 54,176.50 |          |  |            |              |        |             |        |             |        |             |        |  | 54,176.50 |
|          |  |           |          |  |            |              |        |             |        |             |        |             |        |  |           |
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|          |  |           |          |  |            |              |        |             |        |             |        |             |        |  |           |
| TOTAL    |  | 54,176.50 |          |  |            |              |        |             |        |             |        |             |        |  | 54,176.50 |

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

Prepared by:

*JMCancino*  
**LOIDA M. CANCINO**  
(Head of Department/Office)

SUPPLEMENTAL PROCUREMENT PLAN  
FOR THE 4th Quarter, CY 2015

Province, City or Municipality : PANGASINAN, URBIZTONDO

|  |                                     |                                  |
|--|-------------------------------------|----------------------------------|
| Plan Control No. _____                               | Planned Amount                      | Page ___(1)___ of ___(1)___ page |
| Department/ Office: OFFICE OF THE MUNICIPAL ASSESSOR | 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 |
|          |             |           |          |  |            |              |        |             |        |             |        |             |        |
|          |             |           |          |  |            |              |        |             |        |             |        |             |        |
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| TOTAL    |             |           |          |  |            |              |        |             |        |             |        |             |        |

**NO SUPPLEMENTAL PROCUREMENT PLAN FOR THE PERIOD OF OCTOBER TO DECEMBER 2015**

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

Prepared by:

  
**MERLE C. MORENO**  
 (Head of Department/Office)

**SUPPLEMENTAL PROCUREMENT PLAN  
FOR THE 4th Quarter, CY 2015**

Province, City or Municipality : PANGASINAN, URBIZTONDO

|   |                                     |                                  |
|---|-------------------------------------|----------------------------------|
| Plan Control No. _____  | Planned Amount                      | Page ___(1)___ of ___(1)___ page |
| Department/ Office: <u>OFFICE OF THE MUNICIPAL ACCOUNTANT</u> | 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 |
|              |             |           |          |  |            |              |        |             |        |             |        |             |        |
|              |             |           |          |  |            |              |        |             |        |             |        |             |        |
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| <b>TOTAL</b> |             |           |          |  |            |              |        |             |        |             |        |             |        |

**NO SUPPLEMENTAL PROCUREMENT PLAN FOR THE PERIOD OF OCTOBER TO DECEMBER 2015**

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

Prepared by:

**ARLON C. TAMONDONG**  
\_\_\_\_\_  
(Head of Department/Office)

**SUPPLEMENTAL PROCUREMENT PLAN  
FOR THE 4th Quarter, CY 2015**

Province, City or Municipality : PANGASINAN, URBIZTONDO

|   |                                     |  |
|---|-------------------------------------|--|
| Plan Control No. _____                                      | Planned Amount                      | Page ____ (1) ____ of ____ (1) ____ page |
| Department/ Office: OFFICE OF THE MUNICIPAL CIVIL REGISTRAR | 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 |  |
|          |             |           |          |            |              |        |             |        |             |        |             |        |  |
|          |             |           |          |            |              |        |             |        |             |        |             |        |  |
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|          |             |           |          |            |              |        |             |        |             |        |             |        |  |
| TOTAL    |             |           |          |            |              |        |             |        |             |        |             |        |  |

**NO SUPPLEMENTAL PROCUREMENT PLAN FOR THE PERIOD OF OCTOBER TO DECEMBER 2015**

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

Prepared by:   
**WILMA V. CALUGAY**  
(Head of Department/Office)

SUPPLEMENTAL PROCUREMENT PLAN  
FOR THE 4th Quarter, CY 2015

Province, City or Municipality : PANGASINAN, URBIZTONDO

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| Plan Control No. _____                                     | Planned Amount                              | Page ____ (1) ____ of ____ (1) ____ page |
| Department/ Office: OFFICE OF THE MUNICIPAL BUDGET OFFICER | Regular          Contingency          Total | Date Submitted: _____                    |

| Item No. | Description | Unit Cost | Quantity |  | Total Cost | D I S T R I B U T I O N |        |             |        |             |        |             |        |
|----------|-------------|-----------|----------|--|------------|-------------------------|--------|-------------|--------|-------------|--------|-------------|--------|
|          |             |           |          |  |            | 1st Quarter             |        | 2nd Quarter |        | 3rd Quarter |        | 4th Quarter |        |
|          |             |           |          |  |            | Qty.                    | Amount | Qty.        | Amount | Qty.        | Amount | Qty.        | Amount |
|          |             |           |          |  |            |                         |        |             |        |             |        |             |        |
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**NO SUPPLEMENTAL PROCUREMENT PLAN FOR THE PERIOD OF OCTOBER TO DECEMBER 2015**

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| TOTAL |  |  |  |  |  |  |  |  |  |  |  |  |  |

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

Prepared by:

*Maria Angelica Dg. Ferrer*  
**MARIA ANGELICA DG. FERRER**  
*(Head of Department/Office)*



SUPPLEMENTAL PROCUREMENT PLAN  
FOR THE 4th Quarter, CY 2015

Province, City or Municipality : PANGASINAN, URBIZTONDO \_\_\_\_\_

|  |             |           |          |  |                |              |        |  |        |             |        |             |        |  |  |  |  |  |  |
|--|-------------|-----------|----------|--|----------------|--------------|--------|--|--------|-------------|--------|-------------|--------|--|--|--|--|--|--|
| Plan Control No. _____   |             |           |          |  | Planned Amount |              |        | Page ____ (1) ____ of ____ (1) ____ page |        |             |        |             |        |  |  |  |  |  |  |
| Department/ Office: OFFICE OF THE MUNICIPAL PLANNING AND DEVELOPMENT COORDINATOR |             |           |          |  | 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 |  |  |  |  |  |  |
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**NO SUPPLEMENTAL PROCUREMENT PLAN FOR THE PERIOD OF OCTOBER TO DECEMBER 2015**

|              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| <b>TOTAL</b> |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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

Prepared by:

  
**ENGR. RUBEN A. BAYSIC**  
(Head of Department/Office)

SUPPLEMENTAL PROCUREMENT PLAN  
FOR THE 4th Quarter, CY 2015

Province, City or Municipality : PANGASINAN, URBIZTONDO

|  |                                     |  |
|--|-------------------------------------|--|
| Plan Control No. _____   | Planned Amount                      | Page ____ (1) ____ of ____ (1) ____ page |
| Department/ Office: OFFICE OF THE CHIEF ADMINISTRATIVE 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 |
|              |             |           |          |  |            |              |        |             |        |             |        |             |        |
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| <b>TOTAL</b> |             |           |          |  |            |              |        |             |        |             |        |             |        |

**NO SUPPLEMENTAL PROCUREMENT PLAN FOR THE PERIOD OF OCTOBER TO DECEMBER 2015**

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

Prepared by:

**BENIGNA A. RAMOS**  
*(Head of Department/Office)*

SUPPLEMENTAL PROCUREMENT PLAN  
FOR THE 4th Quarter, CY 2015

Province, City or Municipality : PANGASINAN, URBIZTONDO

| Plan Control No. _____                               |             |           |          | Planned Amount |            |              |        | Page ____ (1) ____ of ____ (1) ____ page |        |                 |        |             |        |
|--|-------------|-----------|----------|----------------|------------|--------------|--------|--|--------|-----------------|--------|-------------|--------|
| Department/ Office: OFFICE OF THE MUNICIPAL ENGINEER |             |           |          | 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 |
|  |             |           |          |                |            |              |        |  |        |                 |        |             |        |
|  |             |           |          |                |            |              |        |  |        |                 |        |             |        |
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| TOTAL  |             |           |          |                |            |              |        |  |        |                 |        |             |        |

**NO SUPPLEMENTAL PROCUREMENT PLAN FOR THE PERIOD OF OCTOBER TO DECEMBER 2015**

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

Prepared by:

  
**NORBERTO C. CANCINO**  
 (Head of Department/Office)

**SUPPLEMENTAL PROCUREMENT PLAN  
FOR THE 4th Quarter, CY 2015**

Province, City or Municipality : PANGASINAN, URBIZTONDO

|   |                |                                  |
|---|----------------|----------------------------------|
| Plan Control No. _____                                    | Planned Amount | Page ___(1)___ of ___(1)___ page |
| Department/ Office: OFFICE OF THE MUNICIPAL AGRICULTURIST | Regular        | Date Submitted:                  |
|   | Contingency    |                                  |
|   | Total          |                                  |

| 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 |  |
|              |             |           |          |  |            |              |        |             |        |             |        |             |        |  |
|              |             |           |          |  |            |              |        |             |        |             |        |             |        |  |
|              |             |           |          |  |            |              |        |             |        |             |        |             |        |  |
|              |             |           |          |  |            |              |        |             |        |             |        |             |        |  |
|              |             |           |          |  |            |              |        |             |        |             |        |             |        |  |
|              |             |           |          |  |            |              |        |             |        |             |        |             |        |  |
|              |             |           |          |  |            |              |        |             |        |             |        |             |        |  |
|              |             |           |          |  |            |              |        |             |        |             |        |             |        |  |
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|              |             |           |          |  |            |              |        |             |        |             |        |             |        |  |
| <b>TOTAL</b> |             |           |          |  |            |              |        |             |        |             |        |             |        |  |

**NO SUPPLEMENTAL PROCUREMENT PLAN FOR THE PERIOD OF OCTOBER TO DECEMBER 2015**

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

Prepared by:

  
**DR. MANUEL C. VALLO**  
 (Head of Department/Office)



SUPPLEMENTAL PROCUREMENT PLAN  
FOR THE 4th Quarter, CY 2015

Province, City or Municipality : PANGASINAN, URBIZTONDO

Plan Control No. \_\_\_\_\_ Planned Amount  
Department/ Office: OFFICE OF THE MUNICIPAL HEALTH OFFICER Regular Contingency Total Page \_\_\_\_ (1) \_\_\_\_ of \_\_\_\_ (1) \_\_\_\_ page  
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 |  |
|          |             |           |          |  |            |              |        |             |        |             |        |             |        |  |
|          |             |           |          |  |            |              |        |             |        |             |        |             |        |  |
|          |             |           |          |  |            |              |        |             |        |             |        |             |        |  |
|          |             |           |          |  |            |              |        |             |        |             |        |             |        |  |
|          |             |           |          |  |            |              |        |             |        |             |        |             |        |  |
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|          |             |           |          |  |            |              |        |             |        |             |        |             |        |  |

**NO SUPPLEMENTAL PROCUREMENT PLAN FOR THE PERIOD OF OCTOBER TO DECEMBER 2015**

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| TOTAL |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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

Prepared by:

  
**CATHERINE BANJUED-LICUANAN**  
\_\_\_\_\_  
*(Head of Department/Office)*

SUPPLEMENTAL PROCUREMENT PLAN  
FOR THE 4th Quarter, CY 2015

Province, City or Municipality : PANGASINAN, URBIZTONDO

|  |             |           |          |                |              |        |  |        |             |        |             |        |  |  |  |  |
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| Plan Control No. _____                                     |             |           |          | Planned Amount |              |        | Page ____ (1) ____ of ____ (1) ____ page |        |             |        |             |        |  |  |  |  |
| Department/ Office: OPERATION OF MARKET AND SLAUGHTERHOUSE |             |           |          | 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 |  |  |  |  |
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**NO SUPPLEMENTAL PROCUREMENT PLAN FOR THE PERIOD OF OCTOBER TO DECEMBER 2015**

|       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| TOTAL |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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

Prepared by:

*LM Cancino*  
**LOIDA M. CANCINO**  
\_\_\_\_\_  
(Head of Department/Office)