

SUMMARY BY OFFICE

DEPARTMENT	HEAD OF DEPARTMENT/OFFICE	TOTAL COST
Office of the Municipal Mayor	HON. MARTIN RAUL S. SISON II	None
Office of the Municipal Vice Mayor	HON. MARILYN S. SISON	None
Office of the Sangguniang Bayan Members	HON. MARILYN S. SISON	None
Office of the Secretary to the Sanggunian	HON. MARILYN S. SISON	None
Office of the Municipal Treasurer	DR. LOIDA M. CANCINO	None
Office of the Municipal Assessor	MERLE C. MORENO	None
Office of the Municipal Accountant	ARLON C. TAMONDONG	None
Office of the Municipal Civil Registrar	WILMA V. CALUGAY	None
Office of the Municipal Budget Officer	MARIA ANGELICA DG. FERRER	None
Office of the Municipal Planning & Development Coordinator	ENGR. RUBEN A. BAYSIC	None
Office of the Chief Administrative Officer	KEDELYN R. PASCARAN	None
Office of the Municipal Engineer	ENGR. NORBERTO C. CANCINO	None
Office of the Municipal Agriculturist	DR. MANUEL C. VALLO	None
Office of the Municipal Social Welfare & Development Officer	MERCEDES R. BIGAY	None
Office of the Municipal Health Office	DR. CATHERINE B. LICUANAN	None
Operation of Market & Slaughterhouse	DR. LOIDA M. CANCINO	None

SUPPLEMENTAL PROCUREMENT PLAN
FOR THE 3RD Quarter, CY 2017

Province, City or Municipality : PANGASINAN, URBIZTONDO

Plan Control No. _____	Planned Amount			Page ____ (1) ____ of ____ (1) ____ page		
Department/ Office: OFFICE OF THE MAYOR	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

NO SUPPLEMENTAL PROCUREMENT PLAN FOR THE PERIOD OF JULY TO SEPTEMBER 2017

TOTAL													

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

Prepared by: (SGD.) HON. MARTIN RAUL S. SISON II
(Head of Department/Office)

**SUPPLEMENTAL PROCUREMENT PLAN
FOR THE 3RD Quarter, CY 2017**

Province, City or Municipality : PANGASINAN, URBIZTONDO _____

Plan Control No. _____	Planned Amount			Page ____ (1) ____ of ____ (1) ____ page
Department/ Office: OFFICE OF THE VICE MAYOR	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	
TOTAL													

NO SUPPLEMENTAL PROCUREMENT PLAN FOR THE PERIOD OF JULY TO SEPTEMBER 2017

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

Prepared by: (SGD.) HON. MARILYN S. SISON
(Head of Department/Office)

SUPPLEMENTAL PROCUREMENT PLAN
FOR THE 3RD Quarter, CY 2017

Province, City or Municipality : PANGASINAN, URBIZTONDO

Plan Control No. _____				Planned Amount			Page ____ (1) ____ of ____ (1) ____ page										
Department/ Office: OFFICE OF THE SANGGUNIANG BAYAN MEMBERS				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				

NO SUPPLEMENTAL PROCUREMENT PLAN FOR THE PERIOD OF JULY TO SEPTEMBER 2017

TOTAL																	

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

Prepared by: (SGD.) HON. MARILYN S. SISON
(Head of Department/Office)

**SUPPLEMENTAL PROCUREMENT PLAN
FOR THE 3RD Quarter, CY 2017**

Province, City or Municipality : PANGASINAN, URBIZTONDO

Plan Control No. _____
Department/ Office: OFFICE OF THE MUNICIPAL ASSESSOR

Planned Amount
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

NO SUPPLEMENTAL PROCUREMENT PLAN FOR THE PERIOD OF JULY TO SEPTEMBER 2017

TOTAL													

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

Prepared by: _____
(SGD.) MERLE C. MORENO
(Head of Department/Office)

SUPPLEMENTAL PROCUREMENT PLAN
FOR THE 3RD Quarter, CY 2017

Province, City or Municipality : PANGASINAN, URBIZTONDO

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

NO SUPPLEMENTAL PROCUREMENT PLAN FOR THE PERIOD OF JULY TO SEPTEMBER 2017

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

Prepared by: _____
(SGD.) ARLON C. TAMONDONG
(Head of Department/Office)

SUPPLEMENTAL PROCUREMENT PLAN
 FOR THE 3RD Quarter, CY 2017

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		
TOTAL														

NO SUPPLEMENTAL PROCUREMENT PLAN FOR THE PERIOD OF JULY TO SEPTEMBER 2017

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

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

SUPPLEMENTAL PROCUREMENT PLAN
FOR THE 3RD Quarter, CY 2017

Province, City or Municipality : PANGASINAN, URBIZTONDO

Plan Control No. _____
Department/ Office: OFFICE OF THE MUNICIPAL BUDGET OFFICER

Planned Amount
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	

NO SUPPLEMENTAL PROCUREMENT PLAN FOR THE PERIOD OF JULY TO SEPTEMBER 2017

TOTAL													

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

Prepared by:

(SGD.) MARIA ANGELICA DG. FERRER
(Head of Department/Office)

SUPPLEMENTAL PROCUREMENT PLAN
FOR THE 3RD Quarter, CY 2017

Province, City or Municipality : PANGASINAN, URBIZTONDO

Plan Control No. _____	Planned Amount	Page ____ (1) ____ of ____ (1) ____ page
Department/ Office: OFFICE OF THE MUNICIPAL PLANNING & DEVELOPMENT COORDINATOR	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	
TOTAL													

NO SUPPLEMENTAL PROCUREMENT PLAN FOR THE PERIOD OF JULY TO SEPTEMBER 2017

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

Prepared by: (SGD.) ENGR. RUBEN A. BAYSIC
(Head of Department/Office)

SUPPLEMENTAL PROCUREMENT PLAN
FOR THE 3RD Quarter, CY 2017

Province, City or Municipality : PANGASINAN, URBIZTONDO

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

NO SUPPLEMENTAL PROCUREMENT PLAN FOR THE PERIOD OF JULY TO SEPTEMBER 2017

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

Prepared by: (SGD.) KEDELYN R. PASCARAN
(Head of Department/Office)

**SUPPLEMENTAL PROCUREMENT PLAN
FOR THE 3RD Quarter, CY 2017**

Province, City or Municipality : PANGASINAN, URBIZONDO

Plan Control No. _____	Planned Amount	Regular	Contingency	Total	Page ____ (1) ____ of ____ (1) ____ page
Department/ Office: OFFICE OF THE MUNICIPAL AGRICULTURIST					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	
TOTAL														

NO SUPPLEMENTAL PROCUREMENT PLAN FOR THE PERIOD OF JULY TO SEPTEMBER 2017

This is to certify that the above procurement plan is in accordance with the objective of this Office	Prepared by:	_____ (SGD.) DR. MANUEL C. VALLO (Head of Department/Office)
---	--------------	--

**SUPPLEMENTAL PROCUREMENT PLAN
FOR THE 3RD Quarter, CY 2017**

Province, City or Municipality : PANGASINAN, URBIZTONDO _____

Plan Control No. _____	Planned Amount	Page ____ (1) ____ of ____ (1) ____ page
Department/ Office: OFFICE OF THE MUNICIPAL SOCIAL WELFARE & DEVELOPMENT OFFICER	Regular	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	
TOTAL													

NO SUPPLEMENTAL PROCUREMENT PLAN FOR THE PERIOD OF JULY TO SEPTEMBER 2017

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

Prepared by: _____
(SGD.) MERCEDES R. BIGAY
(Head of Department/Office)

SUPPLEMENTAL PROCUREMENT PLAN
FOR THE 3RD Quarter, CY 2017

Province, City or Municipality : PANGASINAN, URBIZTONDO

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

NO SUPPLEMENTAL PROCUREMENT PLAN FOR THE PERIOD OF JULY TO SEPTEMBER 2017

TOTAL													

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

Prepared by: _____	(SGD.) DR. CATHERINE B. LICUANAN <i>(Head of Department/Office)</i>
--------------------	--

SUPPLEMENTAL PROCUREMENT PLAN
FOR THE 3RD Quarter, CY 2017

Province, City or Municipality : PANGASINAN, URBIZTONDO

Plan Control No. _____					Planned Amount				Page ___(1)___ of ___(1)___ page				
Department/ Office: <u>OPERATION OF MARKET & SLAUGHTERHOUSE</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

NO SUPPLEMENTAL PROCUREMENT PLAN FOR THE PERIOD OF JULY TO SEPTEMBER 2017

TOTAL													

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

Prepared by: (SGD.) DR. LOIDA M. CANCINO
(Head of Department/Office)