

**SUPPLEMENTAL PROCUREMENT PLAN  
CY 2022**

Province, City or Municipality: LLANERA

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

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Department/ Office: DILG OFFICE

Regular

Contingency

Total

Date Submitted:

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
1	APS-UPS 1200VA-650W	5,898.00	1	pc	5,898.00			1	5,898.00				
2	Speakers (JBL)	15,999.00	1	pc	15,999.00							1	15,999.00
<b>TOTAL</b>					<b>21,897.00</b>								

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

**LGOO VI CAROLYN L. JAVATE**  
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 Head of Department/Office

**SUPPLEMENTAL PROCUREMENT PLAN  
CY 2022**

Province, City or Municipality: LLANERA

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

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Department/ Office: MAYOR'S OFFICE-LMTC

Regular

Contingency

Total

Date Submitted:

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
1	FOLDER LONG (BLUE)	14.00	50	PCS	700.00					50	700.00		
2	BROWN ENVELOPE LONG	6.50	25	PCS	162.50					25	162.50		
3	BROWN ENVELOPE SHORT	6.00	25	PCS	150.00					25	150.00		
4	RECORD BOOK 500 PAGES	200.00	8	PCS	1,600.00					8	1,600.00		
5	STAMP PAD	100.00	1	PC	100.00					1	100.00		
6	STAMP PAD INK	100.00	1	PC	100.00					1	100.00		
7	PERMANENT MARKER BLACK	80.00	8	PCS	640.00					8	640.00		
8	PAPER WORX A4	400.00	1	RIM	400.00					1	400.00		
9	PHOTO PAPER	75.00	3	PCS	225.00					3	225.00		
10	LAMINATING MACHINE	6,500.00	1	PC	6,500.00					1	6,500.00		
11	LAMINATING FILM LONG	800.00	1	PACK	800.00					1	800.00		
12	USB 32GB	700.00	1	PC	700.00					1	700.00		
13	PAPER CUTTER A3	1,650.00	1	PC	1,650.00					1	1,650.00		
14	BINDING MACHINE	8,200.00	1	PC	8,200.00					1	8,200.00		
<b>TOTAL</b>					<b>21,927.50</b>								

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

**BENJAMIN E. RAMIREZ, JR.**

Head of Department/Office

**SUPPLEMENTAL PROCUREMENT PLAN  
CY 2022**

Province, City or Municipality: LLANERA

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

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Department/ Office: MUNICIPAL HEALTH OFFICE

Regular

Contingency

Total

Date Submitted:

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
1	PRINTER EPSON L321	8,100.00	1	unit	8,100.00					1	8,100.00		
<b>TOTAL</b>					<b>8,100.00</b>								

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

**DRA. MYLENE N. VILLAROSA**  
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 Head of Department/Office

**SUPPLEMENTAL PROCUREMENT PLAN  
CY 2022**

Province, City or Municipality: LLANERA

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

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Department/ Office: PESO

Regular

Contingency

Total

Date Submitted:

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
1	OFFICE TABLE	15,000.00	1	UNIT	15,000.00							1	15,000.00
<b>TOTAL</b>					<b>15,000.00</b>								

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**GIOVANIE B. TOMAS**  
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 Head of Department/Office

**SUPPLEMENTAL PROCUREMENT PLAN  
CY 2022**

Province, City or Municipality: LLANERA

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Department/ Office: MCEDO

Regular

Contingency

Total

Date Submitted:

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
1	SALA SET	19,000.00	1	SET	19,000.00							1	19,000.00
<b>TOTAL</b>					<b>19,000.00</b>								

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

**JOEY V. ESTEBAN**  
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 Head of Department/Office



**SUPPLEMENTAL PROCUREMENT PLAN  
CY 2022**

Province, City or Municipality: LLANERA

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

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Department/ Office: ASSESSOR OFFICE

Regular

Contingency

Total

Date Submitted:

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
1	ALUMINUM SHELVES	14,300.00	1	UNIT	14,300.00							1	14,300.00
<b>TOTAL</b>					<b>14,300.00</b>								

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

**TERESITA A. MIMIS**  
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 Head of Department/Office

