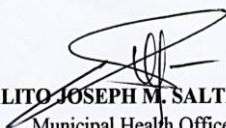


Plan Control No. _____				Planned Amount: ₱ _____				Page 4 of 4 pages					
Department / Office: MUNICIPAL HEALTH OFFICE				Regular		Contingency		Date Submitted					
				DISTRIBUTION									
Item No.	Description	Unit Cost	QUANTITY		Total Cost	1st Quarter		2nd Quarter		3rd Quarter		4th Quarter	
			No.	Description		QTY.	Amount	QTY	Amount	QTY.	Amount	QTY.	Amount
1	Gasoline Expenses				120,000.00	X		X		X		X	
2	Traveling Expenses				150,000.00	X		X		X		X	
3	Training and Seminar				55,000.00	X		X		X		X	
4	Internet Expenses				12,000.00	X		X		X		X	
5	Telephone Expenses				72,000.00	X		X		X		X	
6	Drugs and Medicines Expenses				350,000.00	X		X		X		X	
7	General Services				598,855.84	X		X		X		X	
8	Representation Expenses				20,000.00	X		X		X		X	
9	Insurance Expenses				15,000.00	X		X		X		X	
10	Repair and Maintenance of Building				50,000.00	X		X		X		X	
11	Repair and Maintenance of Vehicle				75,000.00	X		X		X		X	
12	Repair and Maintenance of Office Equipment				23,000.00	X		X		X		X	
13	Medical Dental and Laboratory Supplies				200,000.00	X		X		X		X	
14	Other Supplies and Materials Expenses				30,000.00	X		X		X		X	
15	Nutrition Program				70,000.00	X		X		X		X	
16	Infectious Prevention Program				10,000.00	X		X		X		X	
17	Healthy Lifestyle and Risk Management Program				10,000.00	X		X		X		X	
18	Blood Donation				45,000.00	X		X		X		X	
19	BNS Incentives/Supplies & Materials				26,400.00	X		X		X		X	
20	Other Health related Programs				26,665.85	X		X		X		X	
21	Purchase of One (1) unit Motorcycle				70,000.00	X							
22	Purchase of Three (3) units Desktop w/ Three (3) units Printer				195,000.00	X		X		X			
23	Purchase of One (1) unit Laptop				60,000.00	X							
24	Purchase of One (1) Unit Service Vehicle				1,500,000.00			X					
	TOTAL				3,783,921.69	X		X		X		X	
	GRAND TOTAL				3,873,921.69								

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


CARLITO JOSEPH M. SALTING, MD.
 Municipal Health Officer