FDp Form 14a - Supplemental Procurement Plan

SUPPLEMENTAL PROCUREMENT PLAN
FOR THE 1st **Quarter,CY** 2015

Province,City or Municipality:_____

Plan Control No._____	Planned Amount		Page (1) of (3) pages
Department Office:	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 submitted for 1st						2015					
TOTAL												

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

Prepared by:
ANA B. ANGCAYA

PACITA Z. AQUINO
(Head of Department/Office)