

TARGET CITY
APPROVED

Fdp Form 14a - Supplemental Procurement Plan

**B. SUPPLEMENTAL PROCUREMENT PLAN
FOR THE 2nd Quarter, CY 2015**

Province, City or Municipality: _____

Plan Control No. _____

Department Office: _____

Planned Amount

Regular

Contingency

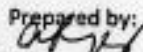
Total

Page (1) of (3) pages

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 & 2nd qtr, 2015												
TOTAL												

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

Prepared by:

ANA B. ANGAYA


PACITA S. AQUINO
(Head of Department/Office)