Form 14a - Supplemental Procurement Plan

SUPPLEMENTAL PROCUREMENT PLAN
FOR THE 1st Quarter, CY 2017

Province, City or Municipality: **BINANGONAN**

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 PLAN AS OF THIS REPORTING PERIOD													
TOTAL													

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

Prepared by:

(SGD.)
Ms. ALICIA DJ. TORRES
Head of Department/ Office