Form 14a - Supplemental Procurement Plan

SUPPLEMENTAL PROCUREMENT PLAN
FOR THE 2nd Quarter, CY 2017

Municipality : **BINANGONAN**
Plan Control No. _____

Planned Amount

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Department / Office: **GENERAL SERVICE**

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												

Prepared by: (SGD.)

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

Ms. ALICIA DJ. TORRES
Head of Department/ Office