FDP Form 14a - Supplemental Procurement Plan, by Office or Department

SUPPLEMENTAL PROCUREMENT PLAN

2ND Quarter, CY 2019

Municipality: GUIUAN

Plan Control No. _____					**Planned Amount**			**Page ___ of ___ pages**					
Department/ Office:					**Regular**	**Contingency**		**Total**		**Date Submitted:**			
Item No.	**Description**	**Unit Cost**	**Quantity**		**Total Cost**	**D I S T R I B U T I O N**							
						1st Quarter		**2nd Quarter**		**3rd Quarter**		**4th Quarter**	
			No.	**Description**		**Qty.**	**Amount**	**Qty.**	**Amount**	**Qty.**	**Amount**	**Qty.**	**Amount**
NONE FOR THE PERIOD													
TOTAL													

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

_____

Head of Department/Office

FDPP Form 14b - Supplemental Procurement Plan or Procurement List, Summary

Summary by Office

Department	Head of Department/Office	Total Cost
	NONE FOR THE PERIOD	

Prepared By:

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Approved By:

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Local Chief Executive