FDP Form 14a - Supplemental Procurement Plan

SUPPLEMENTAL PROCUREMENT PLAN
FOR THE 1st Quarter, CY 2016

Province, City or Municipality: CAMALANIUGAN
Plan Control No.:_____
Department/Office:_____

Planned Amount

Regular	Contingency	Total	

Page ___ (1) ____of (3)____ pages
Date Submitted:

DISTRIBUTION

Item No.	Description	Unit Cost	Quantity		Total Cost	1st quarter		2nd Quarter		3rd Quarter		4th Quarter	
						Qty	Amount	Qty	Amount	Qty	Amount	Qty	Amount
Total													

NONE

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

Prepared by:

HON. ISIDRO T. CABADDU
Local Chief Executive