

FDP Form 14a - Supplemental Procurement Plan

SUPPLEMENTAL PROCUREMENT PLAN
FOR THE 1st_ Quarter, CY 2019

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

NONE

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

Prepared by:

SGD.
LOURDES U. CEPEDA
Municipal Treasurer

Recommended by:

SGD.
IULIUS I. URMATAM, GE
GSO

Reviewed by:

SGD.
SUSAN M. ORATA, CPA
Municipal Budget Officer

Approved by:

SGD.
HON. ISIDRO T. CABADDU
Local Chief Executive