

FDP Form 14a - Supplemental Procurement Plan

SUPPLEMENTAL PROCUREMENT PLAN  
FOR THE 2nd\_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.

Approved by:

**SGD.**

**HON. ANGELICA CABADDU-DELA CRUZ**  
Local Chief Executive