FDP Form 14a - Supplemental Procurement Plan

	a - Supplemental Pro												
				S	UPPLEMENTA	L PROCI	JREMENT	PLAN					
					FOR THE 4t	h_Quar	ter, CY <u>201</u>	6					
Province,	City or Municipali	ty: <u>CAMALANI</u>	UGAN										
Plan Control No.:					Planned Amount					Page (1)of (3) pages			
Department/Office:					Regular	Contingency Total			Date Submitted:				
								DIST	RIBUTION				
Item No.	Description	Unit Cost	Quantity		Total Cost	1st quarter		2nd Quarter		3rd Quarter		4th Quarter	
						Qty	Amount	Qty	Amount	Qty	Amount	Qty	Amount
			N				$\overline{}$						
Total													

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

Prepared by:



FDP Form 14b - Supplemental Procurement Plan or Procuremnet List

## Summary BY Office

DEPARTMENT	HEAD of Department/Office	Total Cost			
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