FDP Form 14a - Supplemental Procurement Plan

SUPPLEMENTAL PROCUREMENT PLAN
FOR THE 1st Quarter, CY 2017

Province, City or Municipality : Braulio E. Dujali

Plan Control No. _____	Planned Amount			Page ____(1)____of___(3)_____ pages
Department/ Office:	Regular	Contingency	Total	Date Submitted: 10-24-2014

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

Prepared by:

_____
(Head of Department/Office)