		DP Form 14a - Supplemental Procurement Plan SUPPLEMENTAL PROCUREMENT PLAN												
of Balungao														
					nned Amount Page(1)of(3)pages									
Department/ Office:				Regular	Contingency Total Date Submitted:									
				Total Cost	DISTRIBUTION									
Description	Unit Cost	Quantity									4th Quarter			
					Qty.	Amount	Qty.	Amount	Qty.	Amount	Qty.	Amount		
NONE	NONE	NONE	NONE	NONE	NONE	NONE	NONE	NONE	NONE	NONE	NONE	NONE		
											1			
									_					
												·		
			<u> </u>						ALLA					
his is to certify that the above	procurement plan is	in accordan	ce with th	e objective of this Office		Prepared by:					_			
	Office:  Description  NONE	NoOffice:  Description Unit Cost  NONE NONE	NoOffice:  Description Unit Cost Qual  NONE NONE NONE	NoOffice:  Description Unit Cost Quantity  NONE NONE NONE NONE  NONE NONE NONE NO	NoOffice: Planned Amount Regular  Description Unit Cost Quantity Total Cost  NONE NONE NONE NONE NONE NONE  NONE NONE	NoOffice:	NoOffice:	NoOffice:	NoOffice: Planned Amount Regular Contingency   Total	No	NO. Office:    Page   1	No. Planned Amount Regular Contingency Total Date Submitted:  Description Unit Cost Un		