FDP Form 14a - Supplemental Procurement Plan

SUPPLEMENTAL PROCUREMENT PLAN

Municipality of Balungao

Plan Control No. _____

Department/ Office:

Planned Amount

Regular | Contingency | Total

Page ____(1)____of___(3)_____ pages

Date Submitted:

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	NONE	NONE	NONE	NONE	NONE	NONE	NONE	NONE	NONE	NONE	NONE	NONE	NONE
TOTAL													

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

Prepared by:

HON. PHILIPPE G. PERALTA

(Head of Department/Office)