FDP Form 14a- Supplemental Procurement Plan

SUPPLEMENTAL PROCUREMENT PLAN
FOR THE _1ST__ Quarter, CY 2019

Province, City or Municipality: WAO

Plan Control No.				Planned Amount					Page ____ (1) ____ of _____ (3) pages			
Department/ Office:				Regular	Contingency		Total		Date Submitted			
Item No.	Description	Unit Cost	Quantity		DISTRIBUTION							
					1st Quarter		2nd Quarter		3rd Quarter		4th Quarter	
				Total Cost	Qty.	Amount	Qty.	Amount	Qty.	Amount	Qty.	Amount
TOTAL												

NO SUPPLEMENTAL

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

Prepared by: ____BOBBY B. BALICAO_____
Municipal Mayor