FDP Form 14a - Supplemental Procurement Plan

SUPPLEMENTAL PROCUREMENT PLAN
For the 4th Quarter, CY 2014

Province, City or Municipality : BALUD

Plan Control No. _____

Department/ Office: GENERAL SERVICES OFFICE

Planned Amount		
Regular	Contingency	Total

Page ___(1)___ of ___(1)___ 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												
TOTAL													

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

Prepared by:

Jocelyn E. Abelita

JOCELYN E. ABELITA

(Head of Department/Office)