

Province, City or Municipality: TAGUIG CITY

Plan Control No.

Planned Amount  
Regular N/A

Contingency N/A

Total N/A

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Date Submitted:

Department/ Office:

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
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>			<u>N/A</u>	<u>N/A</u>				
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)



