FDP Form 14a - Supplemental Procurement Plan

SUPPLEMENTAL PROCUREMENT PLAN
FOR THE 1st Quarter, CY 2015

Province, City or Municipality : TAGUIG CITY

Plan Control No. _____
Department/ Office:

Planned Amount N/A
Regular N/A | Contingency | Total N/A

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
N/A	N/A	N/A	N/A	N/A		N/A		N/A				
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)

FDPP Form 14b - Annual Procurement Plan or Procurement List

Summary by Office

DEPARTMENT	Head Of Department/Office	Total Cost
N/A	N/A	N/A