FDP Form 14a - Supplemental Procurement Plan

SUPPLEMENTAL PROCUREMENT PLAN
FOR THE 2nd Quarter, CY 2015

Province, City or Municipality : TAGUIG CITY

Plan Control No. _____ | Planned Amount N/A | Page ___(1)___of___(3)____ pages

Department/ Office: | Regular | Contingency | Total | 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				
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