FDP Form 14a - Supplemental Procurement Plan

SUPPLEMENTAL PROCUREMENT PLAN
FOR THE 1st Quarter, CY 2017

Province, City or Municipality : _____

Plan Control No. _____ | Planned Amount | | | 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
1	Completion of Clib Evacuation Center	300,000.00	1		300,000.00	1	300,000.00						
2	Supply and delivery of materials for the construction of Solongvale Health Center	405,650.00	1		405,650.00	1	405,650.00						
TOTAL							705,650.00						

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

Prepared by: **ENGR. VICTOR L. NARBAY, JR**
(Head of Department/Office)