FDP Form 14a - Supplemental Procurement Plan

SUPPLEMENTAL PROCUREMENT PLAN
FOR THE 2nd Quarter, CY 2017

Province, City or Municipality : Cavite

Plan Control No. _____					Planned Amount					Page ___(1)___of___(1)_____ pages			
Department/ Office:					Regular	Contingency		Total		Date Submitted:			
						DISTRIBUTION							
Item No.	Description	Unit Cost	Quantity		Total Cost	1st Quarter		2nd Quarter		3rd Quarter		4th Quarter	
						Qty.	Amount	Qty.	Amount	Qty.	Amount	Qty.	Amount
TOTAL													

No Supplemental Procurement Plan

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

Prepared by: ENGR. GLENN MILLER B. LEYVA
Head, BAC Secretariat