FDP Form 14a - Supplemental Procurement Plan

SUPPLEMENTAL PROCUREMENT PLAN
FOR THE 3RD QUARTER, CY 2019

Province, City or Municipality : Cavite

Plan Control No. _____					**Planned Amount**					**Page ____(1)____of___(1)_____ pages**			
Department/ Office:					**Regular**	**Contingency**		**Total**		**Date Submitted:**			
Item No.	**Description**	**Unit Cost**	**Quantity**		**Total Cost**	**D I S T R I B U T I O N**							
						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:

NANCY Q. LONTOC
Chairperson, BAC-A Secretariat