FDP Form 14a - Supplemental Procurement Plan

SUPPLEMENTAL PROCUREMENT PLAN
FOR THE _1ST____Quarter, CY ___2016_____

Province, City or Municipality : __TARLAC CITY_____

Plan Control No. _____
Department/ Office:

Planned Amount
Regular | Contingency | Total

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
	NONE							NONE	NONE				
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