FDP Form 14a - Supplemental Procurement Plan

SUPPLEMENTAL PROCUREMENT PLAN
FOR THE __2nd____Quarter, CY ___2016__

Province, City or Municipality : BAYBAY CITY, LEYTE

Plan Control No. _____					**Planned Amount**					**Page ____(1)____of___(1)_____ pages**			
Department/ Office: ALL DEPARTMENTS					**Regular**	**Contingency**		**Total**		**Date Submitted:**			
						D I S T R I B U T I O N							
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 for the 2nd Quarter 2016

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

Prepared by: **RAUL A. MABINI**
City Budget Officer