FDP Form 14a - Supplemental Procurement Plan

SUPPLEMENTAL PROCUREMENT PLAN
FOR THE __1ST____Quarter, CY ___2018__

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:**			
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 for the 1st Quarter 2018

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

Prepared by:

SGD
RAUL A. MABINI
City Budget Officer