FDP Form 14a - Supplemental Procurement Plan

SUPPLEMENTAL PROCUREMENT PLAN

FOR THE __1st___ Quarter, CY ____2019_____

Province :_____Rizal__ _____

Plan Control No. _____					**Planned Amount**					**Page ____(1)____of___(3)_____ pages**			
Department/ Office:					**Regular**	**Contingency**		**Total**		**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**
TOTAL													

No Supplemental Procurement Plan for the 1st Quarter of 2019

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

(Sgd) Prepared by: ENGR. BONIFACIO T. MASILANG JR.
Department Head, PGSO

(Sgd) Noted by: REBECCA A. YNARES
Governor