FDP Form 14a - Supplemental Procurement Plan

SUPPLEMENTAL PROCUREMENT PLAN
FOR THE __1st__Quarter, CY ___2017_ _____

Province, City or Municipality :_____ _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**	**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 of 2017

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

Prepared by: **ENGR. MARCELO M. PASCUAL**
(Sgd) Officer-in-Charge

Noted by: **REBECCA A. YNARES**
(Sgd) *Governor*