FDP Form 14a - Supplemental Procurement Plan

SUPPLEMENTAL PROCUREMENT PLAN
FOR THE ___4th___Quarter, CY ____2015_____

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**	**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 4th Quarter of 2015

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

Prepared by: **ENGR. MARCELO M. PASCUAL**
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Noted by: **REBECCA A. YNARES**
Governor