FDP Form 14a - Supplemental Procurement Plan

SUPPLEMENTAL PROCUREMENT PLAN
FOR THE ___4th___Quarter, CY ____2017_____

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 2017

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

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