FDP Form 14a - Supplemental Procurement Plan

SUPPLEMENTAL PROCUREMENT PLAN
FOR THE _4th__Quarter, CY __2018_____

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 4th Quarter of 2018

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

Prepared by: CONNIE S. DE LEON
(Sgd) Officer-In-Charge

Noted by: REBECCA A. YNARES
(Sgd)Governor