FDP Form 14a - Supplemental Procurement Plan

SUPPLEMENTAL PROCUREMENT PLAN
FOR THE 1st Quarter, CY 2015

Province, City or Municipality :*SAN JOSE, CAMARINES SUR*

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

NO SUPPLEMENTAL PROCUREMENT FOR THIS QUARTER 2015

TOTAL													

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

Prepared by:

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Supply Officer Designate