FDP Form 14a - Supplemental Procurement Plan, by Office or Department

SUPPLEMENTAL PROCUREMENT PLAN

_____ Quarter, CY ____2021_____

Province, City or Municipality:_____BAMBAN_____

Plan Control No. _____					**Planned Amount**				**Page ___ of ___ 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**	
			No.	**Description**		**Qty.**	**Amount**	**Qty.**	**Amount**	**Qty.**	**Amount**	**Qty.**	**Amount**
N/A													
TOTAL													

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

_____Nashr M. Lacanlale_____
Head of Department/Office