FDP Form 14a - Supplemental Procurement Plan

SUPPLEMENTAL PROCUREMENT PLAN
FOR THE SECOND Quarter, CY 2016

Municipality of Pulilan Bulacan

Plan Control No. _____					**Planned Amount**						**Page ____(1)____of___(1)_____ pages**			
Department/ Office: GSO					**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**	
	NO SUPPLEMENTAL PROCUREMENT FOR SECOND QUARTER OF 2016													
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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Des. General Services Officer