FDP Form 14a - Supplemental Procurement Plan

SUPPLEMENTAL PROCUREMENT PLAN
Year 2020

Municipality of SAN SIMON

Plan Control No.	**Planned Amount:**		**Page 1 of 1**
Department/ Office:	**Regular**	**Contingency**	**Total**	**Date Submitted:**

Item No.	Description	Unit Cost	Quantity		Total Cost	DISTRIBUTION							
						1st Quarter		2nd Quarter		3rd Quarter		4th Quarter	
NONE						Qty.	Amount	Qty.	Amount	Qty.	Amount	Qty.	Amount
											-		
TOTAL													-

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

Prepared by:

LEE BRIAN C. PINEDA
Designated General Services Office-Head