Form 4a- Supplemental Procurement Plan

SUPPLEMENTAL PROCUREMENT PLAN

CY 2019

Province , City or Municipality: QUEZON BUKIDNON

Plan Control No. _____					Planned Amount					Page 1 of 1			
					Regular	Contingency		Total		Date Submitted:			
Items No.	Description	Unit Cost	Quantity		TOTAL COST	DISTRIBUTION							
						1st Quarter		2nd Quarter		3rd Quarter		4th Quarter	
						Qty.	Amount	Qty.	Amount	Qty.	Amount	Qty.	Amount
	N		**O**		**N**					**E**			
Total					0.00						0.00		

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

Approved by:

JOSE I. ILAR,CE,GE

BAC CHAIRMAN