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

SUPPLEMENTAL PROCUREMENT PLAN

CY 2021

Province, City or Municipality:LLANERA

Plan Control No. _____					**Planned Amount**					**Page ___ of ___ pages**			
Department/ Office:MHO					**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**
1	Water Dispenser	5,100.00	1	set	5,100.00			1	5,100.00				

TOTAL					5,100.00								

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

LOULEX M. CORPUZ
Head of Department/Office

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

SUPPLEMENTAL PROCUREMENT PLAN
CY 2021

Province, City or Municipality:LLANERA

Plan Control No. _____					**Planned Amount**					**Page ___ of ___ pages**			
Department/ Office:MUNICIPAL CIVIL REGISTRY 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**
1	BATTERY BACKUP FOR	3,058.86	2	units	6,117.72			2	6,117.72				

TOTAL					6,117.72								

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

DIVINA GRACIA F. BARACAO
Head of Department/Office

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SUPPLEMENTAL PROCUREMENT PLAN

CY 2021

Province, City or Municipality:LLANERA

Plan Control No. _____					**Planned Amount**				**Page ___ of ___ pages**				
Department/ Office:DILG					**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**
1	Cellular Phone	7,990.00	1	unit	7,990.00					1	7,990.00		

TOTAL					**7,990.00**								

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

CAROLYN L. JAVATE
Head of Department/Office

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

SUPPLEMENTAL PROCUREMENT PLAN

CY 2021

Province, City or Municipality:LLANERA

Plan Control No. _____					Planned Amount					Page ___ of ___ pages			
Department/ Office:MDRRMO					Regular	Contingency		Total		Date Submitted:			
Item No.	Description	Unit Cost	Quantity		Total Cost	DISTRIBUTION							
						1st Quarter		2nd Quarter		3rd Quarter		4th Quarter	
			No.	Description		Qty.	Amount	Qty.	Amount	Qty.	Amount	Qty.	Amount
1	DRONE	99,400.00	1	UNIT	99,400.00							1	99,400.00
TOTAL					99,400.00								99,400.00

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

WALTER C. SOLIS

Head of Department/Office