

**SUPPLEMENTAL PROCUREMENT PLAN
FOR THE 2nd Quarter, CY 2019**

Province, City or Municipality : LUNA, APAYAO

Plan Control No. _____

Planned Amount

Page ____ (1) ____ of ____ (3) ____ pages

Department/ Office: Health Office

Regular

Contingency

Total

Date Submitted:

Item No.	Description	Unit Cost	Quantity		Total Cost	DISTRIBUTION								
						1st Quarter		2nd Quarter		3rd Quarter		4th Quarter		
						Qty.	Amount	Qty.	Amount	Qty.	Amount	Qty.	Amount	
1	NONE	NONE	NONE	NONE			NONE	NONE						
2														-
3														-
4														
5														
6														
7														
8														
9														
10														
TOTAL														

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

Prepared by:



JONAH GRACE P. VERZOLA, MD

(Head of Department/Office)

**SUPPLEMENTAL PROCUREMENT PLAN
FOR THE 2nd Quarter, CY 2019**

Province, City or Municipality : LUNA, APAYAO

Plan Control No. _____

Planned Amount

Page ____ (1) ____ of ____ (3) ____ pages

Department/ Office: Sangguniang Bayan Office

Regular

Contingency

Total

Date Submitted:

Item No.	Description	Unit Cost	Quantity		Total Cost	DISTRIBUTION							
						1st Quarter		2nd Quarter		3rd Quarter		4th Quarter	
						Qty.	Amount	Qty.	Amount	Qty.	Amount	Qty.	Amount
1	NONE	NONE	NONE	NONE	NONE			NONE	NONE				
2					-								
3					-								
4					-								
5					-								
6					-								
7					-								
8					-								
9					-								
10					-								
TOTAL					-								

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

Prepared by:


MANLITO J. BULLAOT
 (Head of Department/Office)

**SUPPLEMENTAL PROCUREMENT PLAN
FOR THE 2nd Quarter, CY 2019**

32

Province, City or Municipality : _____

Plan Control No. _____

Planned Amount

Page ____ (1) ____ of ____ (3) ____ pages

Department/ Office: Treasury Office

Regular

Contingency

Total

Date Submitted: _____

Item No.	Description	Unit Cost	Quantity		Total Cost	DISTRIBUTION							
						1st Quarter		2nd Quarter		3rd Quarter		4th Quarter	
						Qty.	Amount	Qty.	Amount	Qty.	Amount	Qty.	Amount
1	NONE	NONE	NONE	NONE	NONE			NONE	NONE				
2					-								
3					-								
4					-								
5					-								
6					-								
7					-								
8					-								
9					-								
10					-								
TOTAL					-								

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

Prepared by:


SAMUEL R. CALILAN
 (Head of Department/Office)

**SUPPLEMENTAL PROCUREMENT PLAN
FOR THE 2nd Quarter, CY 2019**

Province, City or Municipality : LUNA, APAYAO

Plan Control No. _____

Planned Amount

Page ____ (1) ____ of ____ (3) ____ pages

Department/ Office: Agriculture Office

Regular

Contingency

Total

Date Submitted:

Item No.	Description	Unit Cost	Quantity		Total Cost	DISTRIBUTION							
						1st Quarter		2nd Quarter		3rd Quarter		4th Quarter	
						Qty.	Amount	Qty.	Amount	Qty.	Amount	Qty.	Amount
1	NONE	NONE	NONE	NONE	NONE			NONE	NONE				
2					-								
3					-								
4					-								
5					-								
6					-								
7					-								
8					-								
9					-								
10					-								
TOTAL					-								

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

Prepared by:


FLORENCIO P. AGUSTIN
 (Head of Department/Office)

**SUPPLEMENTAL PROCUREMENT PLAN
FOR THE 2nd Quarter, CY 2019**

Province, City or Municipality : LUNA, APAYAO

Plan Control No. _____

Planned Amount

Page ____ (1) ____ of ____ (3) ____ pages

Department/ Office: MSWDO

Regular

Contingency

Total

Date Submitted:

Item No.	Description	Unit Cost	Quantity		Total Cost	DISTRIBUTION							
						1st Quarter		2nd Quarter		3rd Quarter		4th Quarter	
						Qty.	Amount	Qty.	Amount	Qty.	Amount	Qty.	Amount
1	NONE	NONE	NONE	NONE	NONE			NONE	NONE				
2													
3													
4													
5													
6													
7													
8													
9													
10													
TOTAL					-							-	

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

Prepared by:


MA. CONCEPCION RAVELO
 (Head of Department/Office)

Supplemental Procurement Plan

**SUPPLEMENTAL PROCUREMENT PLAN
FOR THE 2nd Quarter, CY 2019**

Municipality : LUNA, APAYAO

Item No. _____
Department/ Office: LCR

Planned Amount
Regular Contingency Total

Page ____ (1) ____ of ____ (3) ____ pages
Date Submitted:

Item No.	Description	Unit Cost	Quantity		Total Cost	DISTRIBUTION							
						1st Quarter		2nd Quarter		3rd Quarter		4th Quarter	
						Qty.	Amount	Qty.	Amount	Qty.	Amount	Qty.	Amount
1	NONE	NONE	NONE	NONE	NONE			NONE	NONE				
2													
3													
4													
5													
6													
7													
8					-								
9					-								
10					-								
TOTAL					-								-

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

Prepared by:


CONNIE D. TUMBAGA
 (Head of Department/Office)

**SUPPLEMENTAL PROCUREMENT PLAN
FOR THE 2nd Quarter, CY 2019**

Province, City or Municipality : LUNA, APAYAO

Plan Control No. _____

Planned Amount

Page ____ (1) ____ of ____ (3) ____ pages

Department/ Office: Budget Office

Regular

Contingency

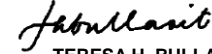
Total

Date Submitted:

Item No.	Description	Unit Cost	Quantity		Total Cost	DISTRIBUTION							
						1st Quarter		2nd Quarter		3rd Quarter		4th Quarter	
						Qty.	Amount	Qty.	Amount	Qty.	Amount	Qty.	Amount
1	NONE	NONE	NONE	NONE	NONE			NONE	NONE				
2					-								
3					-								
4					-								
5					-								
6					-								
7					-								
8					-								
9					-								
10					-								
TOTAL					-								

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

Prepared by:



TERESA H. BULLAOIT
(Head of Department/Office)

**SUPPLEMENTAL PROCUREMENT PLAN
FOR THE 2nd Quarter, CY 2019**

Province, City or Municipality : LUNA, APAYAO

Plan Control No. _____

Planned Amount

Page ____ (1) ____ of ____ (3) ____ pages

Department/ Office: Mayor's Office

Regular

Contingency

Total

Date Submitted: _____

Item No.	Description	Unit Cost	Quantity		Total Cost	DISTRIBUTION							
						1st Quarter		2nd Quarter		3rd Quarter		4th Quarter	
						Qty.	Amount	Qty.	Amount	Qty.	Amount	Qty.	Amount
1	NONE	NONE	NONE	NONE	NONE			NONE	NONE				
2					-								
3					-								
4					-								
5					-								
6					-								
7					-								
8					-								
9					-								
10					-								
	TOTAL												


JOSEPHINE M. BANGSIL
 (Head of Department/Office)

**SUPPLEMENTAL PROCUREMENT PLAN
FOR THE 2nd Quarter, CY 2019**

Province, City or Municipality : LUNA, APAYAO

Plan Control No. _____

Planned Amount

Page ____ (1) ____ of ____ (3) ____ pages

Department/ Office: Engineering Office

Regular

Contingency

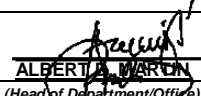
Total

Date Submitted:

Item No.	Description	Unit Cost	Quantity		Total Cost	DISTRIBUTION							
						1st Quarter		2nd Quarter		3rd Quarter		4th Quarter	
						Qty.	Amount	Qty.	Amount	Qty.	Amount	Qty.	Amount
1	NONE	NONE	NONE	NONE	NONE			NONE	NONE				
2					-								
3					-								
4					-								
5					-								
6					-								
7					-								
8					-								
9					-								
10					-								
TOTAL					-								

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

Prepared by:


ALBERT A. WARDEN
 (Head of Department/Office)

Supplemental Procurement Plan

**SUPPLEMENTAL PROCUREMENT PLAN
FOR THE 2nd Quarter, CY 2019**

Municipality : LUNA, APAYAO

Pl No. _____
Office: Accounting Office

Planned Amount
Regular _____ Contingency _____ Total _____

Page ____ (1) ____ of ____ (3) ____ pages
Date Submitted: _____

Item No.	Description	Unit Cost	Quantity		Total Cost	DISTRIBUTION							
						1st Quarter		2nd Quarter		3rd Quarter		4th Quarter	
						Qty.	Amount	Qty.	Amount	Qty.	Amount	Qty.	Amount
1	NONE	NONE	NONE	NONE	NONE			NONE	NONE				
2													
3													
4													
5													
6													
7													
8													
9													
10													
TOTAL					-								

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

Prepared by:


GREG L. BARIA JR.
 (Head of Department/Office)

**SUPPLEMENTAL PROCUREMENT PLAN
FOR THE 2nd Quarter, CY 2019**

Province, City or Municipality : LUNA, APAYAO

Plan Control No. _____

Planned Amount

Page ____ (1) ____ of ____ (3) ____ pages

Department/ Office: Assessor's Office

Regular

Contingency

Total

Date Submitted:

Item No.	Description	Unit Cost	Quantity		Total Cost	DISTRIBUTION							
						1st Quarter		2nd Quarter		3rd Quarter		4th Quarter	
						Qty.	Amount	Qty.	Amount	Qty.	Amount	Qty.	Amount
1	NONE	NONE	NONE	NONE	NONE			NONE	NONE				
2													
3													
4													
5													
6					-								
7					-								
8					-								
9													
10													
TOTAL					-							-	-

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

Prepared by:


CELIA C. AGNAS
 (Head of Department/Office)

**SUPPLEMENTAL PROCUREMENT PLAN
FOR THE 2nd Quarter, CY 2019**

Province, City or Municipality : LUNA, APAYAO

Plan Control No. _____

Planned Amount

Page ____ (1) ____ of ____ (3) ____ pages

Department/ Office: MPDO

Regular

Contingency

Total

Date Submitted:

Item No.	Description	Unit Cost	Quantity		Total Cost	DISTRIBUTION							
						1st Quarter		2nd Quarter		3rd Quarter		4th Quarter	
						Qty.	Amount	Qty.	Amount	Qty.	Amount	Qty.	Amount
1	NONE	NONE	NONE	NONE	NONE			NONE	NONE				
2					-								
3					-								
4					-								
5					-								
6					-								
7					-							-	
8					-							-	
9					-							-	
10					-							-	
TOTAL					-								-

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

Prepared by:


MIL FLORENCE A. VILLAFUERTE
 (Head of Department/Office)

**SUPPLEMENTAL PROCUREMENT PLAN
FOR THE 2nd Quarter, CY 2019**

Province, City or Municipality : LUNA, APAYAO

Plan Control No. _____

Planned Amount

Page (1) of (3) pages

Department/ Office: LDRRMF

Regular

Contingency

Total

Date Submitted:

Item No.	Description	Unit Cost	Quantity		Total Cost	DISTRIBUTION							
						1st Quarter		2nd Quarter		3rd Quarter		4th Quarter	
						Qty.	Amount	Qty.	Amount	Qty.	Amount	Qty.	Amount
1	NONE	NONE	NONE	NONE	NONE			NONE	NONE				
2					-								
3					-								
4					-								
5					-								
6					-								
7					-								
8					-								
9					-								
10					-								
TOTAL					-								-

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

Prepared by:

SAMUEL R. CALILAN

(Head of Department/Office)

Summary by Office

DEPARTMENT	Head Of Department/Office	
HEALTH OFFICE	JONAH GRACE P. VERZOLA	NONE
SANGGUNIANG BAYAN OFFICE	MANOLITO M. BULLAOIT	NONE
TREASURY OFFICE	SAMUEL R. CALILAN	NONE
AGRICULTURE OFFICE	FLORENCIO P. AGUSTIN	NONE
Mun. SOCIAL WELFARE DEV'T OFFICE	MA. CONCEPCION G. RAVELO	NONE
LOCAL CIVIL REGISTRAR	CONNIE D. TUMBAGA	NONE
BUDGET OFFICE	TERESA H BULLAOIT	NONE
MAYOR'S OFFICE	JOSEPHINE M. BANGSIL	NONE
ENGINEERING OFFICE	ALBERT D. MARTIN	NONE
ACCOUNTING OFFICE	GREG L. BARIA JR	NONE
ASSESSOR'S OFFICE	CELIA C. AGNAS	NONE
Mun. PLANNING DEV'T OFFICE	MILFLORENCE D. AGUSTIN	NONE
LDRRMF	SAMUEL R. CALILAN	NONE
TOTAL		NONE