



Summary by Office

DEPARTMENT	Head Of Department/Office	Total Cost
HEALTH OFFICE	JONAH GRACE P. VERZOLA	0.00
SANGGUNIANG BAYAN OFFICE	MANOLITO M. BULLAOIT	0.00
TREASURY OFFICE	MERCEDITA D. ANAPEN	0.00
AGRICULTURE OFFICE	FLORENCIO P. AGUSTIN	0.00
Mun. SOCIAL WELFARE DEV'T OFFICE	MA. CONCEPCION G. RAVELO	0.00
LOCAL CIVIL REGISTRAR	CONNIE D. TUMBAGA	0.00
BUDGET OFFICE	TERESA H BULLAOIT	0.00
MAYOR'S OFFICE	JOSEPHINE M. BANGSIL	0.00
ENGINEERING OFFICE	ALBERT D. MARTIN	0.00
ACCOUNTING OFFICE	GREG L. BARIA JR	0.00
ASSESSOR'S OFFICE	CELIA C. AGNAS	0.00
Mun. PLANNING DEV'T OFFICE	MILFLORENCE D. AGUSTIN	0.00
LDRRMF	JOMAR B. BRAGAS	0.00
TOTAL		0.00

Prepared by:


EDNA T. CARMEN
 Head, BAC Secretariat

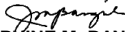
Approved by:


JOSEPHINE M. BANGSIL
 Local Chief Executive

FDP Form 14a - Supplemental Procurement Plan, by Office or Department													
SUPPLEMENTAL PROCUREMENT PLAN FOR THE 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	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
1	NONE	0	0	0	0	0	0	0	0	0	0	0	
2					-								
3					-								
4					-								
5					-								
6					-								
7					-								
8					-								
9					-								
10					-								
	TOTAL				0.00							-	

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

Prepared by:


JOSEPHINE M. BANGSIL
 (Head of Department/Office)

**SUPPLEMENTAL PROCUREMENT PLAN
FOR THE 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	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
2					-								
3					-								
4					-								
5					-								
6					-								
7					-								
8					-								
9					-								
10					-								
TOTAL					0.00							-	-

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

Prepared by:


MANOLITO M. BULLAOIT

(Head of Department/Office)

**SUPPLEMENTAL PROCUREMENT PLAN
FOR THE 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	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
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 F. VERZOLA, MD
 (Head of Department/Office)

**SUPPLEMENTAL PROCUREMENT PLAN
FOR THE 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	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
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 CY 2019**

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Province, City or Municipality : _____

Plan Control No. _____
Department/ Office: Treasury 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	0	0	0	0	0	0	0	0	0	0	0	0	0
2					-								
3					-								
4					-								
5					-								
6					-								
7					-								
8					-								
9					-								
10					-								
TOTAL					0.00								

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

Prepared by:


MERCEDITA D. ANAPEN
(Head of Department/Office)

**SUPPLEMENTAL PROCUREMENT PLAN
FOR THE 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	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
2					-								
3					-								
4					-								
5					-								
6					-								
7					-								
8					-								
9					-								
10					-								
TOTAL					0.00								

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

Prepared by:


FLORENCIO P. ACUSTIN
 (Head of Department/Office)

**SUPPLEMENTAL PROCUREMENT PLAN
FOR THE 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	0	0	0	0	0	0	0	0	0	0	0	0	0
2													
3													
4													
5													
6													
7													
8													
9													
10													
TOTAL					0.00							-	

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
FOR THE CY 2019**

Municipality : LUNA, APAYAO

Pl 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	0	0	0	0	0	0	0	0	0	0	0	0	0
2													
3													
4													
5													
6													
7													
8					-								
9					-								
10					-								
TOTAL					0.00								0.00

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

Prepared by:

Connie D. Tumbaga
CONNIE D. TUMBAGA
(Head of Department/Office)

**SUPPLEMENTAL PROCUREMENT PLAN
FOR THE 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	0	0	0	0	0	0	0	0	0	0	0	0	0
2					-								
3					-								
4					-								
5					-								
6					-								
7					-								
8					-								
9					-								
10					-								
TOTAL					0.00								0.00

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

Prepared by:

T. Bullaoit
TERESA H. BULLAOIT

(Head of Department/Office)

**SUPPLEMENTAL PROCUREMENT PLAN
FOR THE CY 2019**

Province, City or Municipality : LUNA, APAYAO

Plan Control No. _____

Planned Amount

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

Department/ Office: Engineering Office

Regular

Contingency

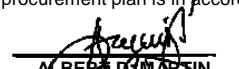
Total

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	0	0	0	0	0	0	0	0	0	0	0	0	0
2					-								
3					-								
4					-								
5					-								
6					-								
7					-								
8					-								
9					-								
10					-								
TOTAL					0.00								0.00

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

Prepared by:


ALBERTO MARTIN
 (Head of Department Office)

**SUPPLEMENTAL PROCUREMENT PLAN
FOR THE CY 2019**

Municipality : LUNA, APAYAO

PI 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	0	0	0	0	0	0	0	0	0	0	0	0	0
2													
3													
4													
5													
6													
7													
8													
9													
10													
TOTAL					0.00								0.00

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 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	0	0	0	0	0	0	0	0	0	0	0	0	0
2													
3													
4													
5													
6					-								
7					-								
8					-								
9													
10													
TOTAL					0.00						-		0.00

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 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	0	0	0	0	0	0	0	0	0	0	0	0	0
2					-								
3					-								
4					-								
5					-								
6					-								
7					-								
8					-								
9					-								
10					-								
TOTAL					0.00								0.00

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

Prepared by:

JOMAR B. BRAGAS

(Head of Department/Office)

