


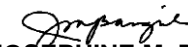
Summary by Office

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

**SUPPLEMENTAL PROCUREMENT PLAN
FOR THE CY 2020**

Province, City or Municipality : LUNA, APAYAO

Plan Control No. _____

Department/ Office: Mayor's Office

Planned Amount

Regular

Contingency

Total

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

Date Submitted: _____

Item No.	Description	Unit Cost	Quantity		Total Cost	DISTRIBUTION							
			No.	Description		1st Quarter		2nd Quarter		3rd Quarter		4th Quarter	
						Qty.	Amount	Qty.	Amount	Qty.	Amount	Qty.	Amount
1	N/A	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	Note: NO TRANSACTION FOR THE PERIOD												
6					-								
7					-								
8					-								
9					-								
10					-								
	TOTAL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	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 2020**

Province, City or Municipality : LUNA, APAYAO

Plan Control No. _____

Department/ Office: Sangguniang Bayan Office

Planned Amount

Regular

Contingency

Total

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

Date Submitted:

Item No.	Description	Unit Cost	Quantity		Total Cost	DISTRIBUTION							
			No.	Description		1st Quarter		2nd Quarter		3rd Quarter		4th Quarter	
						Qty.	Amount	Qty.	Amount	Qty.	Amount	Qty.	Amount
1	N/A	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	Note: NO TRANSACTION FOR THE PERIOD												
6					-								
7					-								
8					-								
9					-								
10					-								
	TOTAL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	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 2020**

Province, City or Municipality : LUNA, APAYAO

Plan Control No. _____

Department/ Office: Health Office

Planned Amount

Regular

Contingency

Total


Page (1) of (3) pages

Date Submitted:

Item No.	Description	Unit Cost	Quantity		Total Cost	DISTRIBUTION							
			No.	Description		1st Quarter		2nd Quarter		3rd Quarter		4th Quarter	
						Qty.	Amount	Qty.	Amount	Qty.	Amount	Qty.	Amount
1	N/A	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	Note: NO TRANSACTION FOR THE PERIOD												
6													
7													
8													
9													
10													
TOTAL		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

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

Prepared by:



JONAH GRACE P. YERZOLA, MD
 (Head of Department/Office)

**SUPPLEMENTAL PROCUREMENT PLAN
FOR THE CY 2020**

Province, City or Municipality : LUNA, APAYAO

Plan Control No. _____

Department/ Office: MPDO

Planned Amount

Regular Contingency Total

Page (1) of (3) pages

Date Submitted:

Item No.	Description	Unit Cost	Quantity		Total Cost	D I S T R I B U T I O N							
			No.	Description		1st Quarter		2nd Quarter		3rd Quarter		4th Quarter	
						Qty.	Amount	Qty.	Amount	Qty.	Amount	Qty.	Amount
1	N/A	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	Note: NO TRANSACTION FOR THE PERIOD												
6					-								
7					-								
8					-								
9					-								
10					-								
TOTAL		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

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 2020**

32

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							
			No.	Description		1st Quarter		2nd Quarter		3rd Quarter		4th Quarter	
						Qty.	Amount	Qty.	Amount	Qty.	Amount	Qty.	Amount
1	N/A	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	Note: NO TRANSACTION FOR THE PERIOD												
5					-								
6					-								
7					-								
8					-								
9					-								
10					-								
TOTAL		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	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 2020**

Province, City or Municipality : LUNA, APAYAO

Plan Control No. _____ Page ____ (1) ____ of ____ (3) ____ pages
 Department/ Office: Agriculture Office **Planned Amount** Regular Contingency Total **Date Submitted:** _____

Item No.	Description	Unit Cost	Quantity		Total Cost	DISTRIBUTION							
			No.	Description		1st Quarter		2nd Quarter		3rd Quarter		4th Quarter	
						Qty.	Amount	Qty.	Amount	Qty.	Amount	Qty.	Amount
1	N/A	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	Note: NO TRANSACTION FOR THE PERIOD												
6					-								
7					-								
8					-								
9					-								
10					-								
TOTAL		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

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 CY 2020**

Province, City or Municipality : LUNA, APAYAO

Plan Control No. _____

Department/ Office: MSWDO

Planned Amount
Regular Contingency Total

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

Date Submitted: _____

Item No.	Description	Unit Cost	Quantity		Total Cost	D I S T R I B U T I O N							
			No.	Description		1st Quarter		2nd Quarter		3rd Quarter		4th Quarter	
						Qty.	Amount	Qty.	Amount	Qty.	Amount	Qty.	Amount
1	N/A	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	Note: NO TRANSACTION FOR THE PERIOD												
6													
7													
8													
9													
10													
TOTAL		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	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 2020**

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	D I S T R I B U T I O N							
			No.	Description		1st Quarter		2nd Quarter		3rd Quarter		4th Quarter	
						Qty.	Amount	Qty.	Amount	Qty.	Amount	Qty.	Amount
1	N/A	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	Note: NO TRANSACTION FOR THE PERIOD												
6													
7													
8					-								
9					-								
10					-								
TOTAL		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	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 2020**

Province, City or Municipality : LUNA, APAYAO

Plan Control No. _____

Department/ Office: Budget Office

Planned Amount

Regular

Contingency

Total

Page (1) of (3) pages

Date Submitted:

Item No.	Description	Unit Cost	Quantity		Total Cost	D I S T R I B U T I O N							
			No.	Description		1st Quarter		2nd Quarter		3rd Quarter		4th Quarter	
						Qty.	Amount	Qty.	Amount	Qty.	Amount	Qty.	Amount
1	N/A	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	Note: NO TRANSACTION FOR THE PERIOD												
6					-								
7					-								
8					-								
9					-								
10					-								
TOTAL		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	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 2020**

Province, City or Municipality : LUNA, APAYAO

Plan Control No. _____

Department/ Office: Engineering Office

Planned Amount

Regular

Contingency

Total

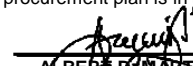
Page (1) of (3) pages

Date Submitted:

Item No.	Description	Unit Cost	Quantity		Total Cost	D I S T R I B U T I O N							
			No.	Description		1st Quarter		2nd Quarter		3rd Quarter		4th Quarter	
						Qty.	Amount	Qty.	Amount	Qty.	Amount	Qty.	Amount
1	N/A	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	Note: NO TRANSACTION FOR THE PERIOD												
6					-								
7					-								
8					-								
9					-								
10					-								
TOTAL		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

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

Prepared by:


ALBEDIN MARTIN
 (Head of Department/Office)

**SUPPLEMENTAL PROCUREMENT PLAN
FOR THE CY 2020**

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							
			No.	Description		1st Quarter		2nd Quarter		3rd Quarter		4th Quarter	
						Qty.	Amount	Qty.	Amount	Qty.	Amount	Qty.	Amount
1	N/A	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	Note: NO TRANSACTION FOR THE PERIOD												
6													
7													
8													
9													
10													
TOTAL		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	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 2020**

Province, City or Municipality : LUNA, APAYAO

Plan Control No. _____

Department/ Office: Assessor's Office

Planned Amount

Regular

Contingency

Total

Page (1) of (3) pages

Date Submitted:

Item No.	Description	Unit Cost	Quantity		Total Cost	DISTRIBUTION							
			No.	Description		1st Quarter		2nd Quarter		3rd Quarter		4th Quarter	
						Qty.	Amount	Qty.	Amount	Qty.	Amount	Qty.	Amount
1	N/A	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	Note: NO TRANSACTION FOR THE PERIOD												
6					-								
7					-								
8					-								
9													
10													
TOTAL		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	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 2020**

Province, City or Municipality : LUNA, APAYAO

Plan Control No. _____
Department/ Office: LDRRMO


Planned Amount
Regular Contingency Total

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

Item No.	Description	Unit Cost	Quantity		Total Cost	D I S T R I B U T I O N							
			No.	Description		1st Quarter		2nd Quarter		3rd Quarter		4th Quarter	
						Qty.	Amount	Qty.	Amount	Qty.	Amount	Qty.	Amount
1	N/A	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	Note: NO TRANSACTION FOR THE PERIOD												
6					-								
7					-								
8					-								
9					-								
10					-								
TOTAL		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	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)