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:

SÉPHINE M. BANGSIL

Local Chief Executive

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

SUPPLEMENTAL PROCUREMENT PLAN FOR THE CY 2020

Province, City or Municipality : LUNA, APAYAO

Plan Contro	l No				Planned Amount					Page(1)_	of (3) no	iges	
	/ Office: Mayor's Office				Regular	Contingenc	v	Total		Date Submi		iges	
	,			Quantity				•	DISTR	IBUTION			
Item No.	Description	Unit Cost		Quantity	Total Cost	1st	Quarter	2nd	Quarter	3rd	Quarter	4th	Quarter
			No.	Description		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 TRAN	SACTION FO	R 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)

FDP Form 14a - Supplemental Procurement Plan, by Office or Departmen
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Province, City or Municipality : LUNA, APAYAO

Plan Contro	l No				Planned Amount					Page(1)_	of(3) pages	5	
Department	Office: Sangguniang Bayan Office				Regular	Contingenc	у	Total		Date Subm	itted:		
				Quantity					DISTRI	BUTION			
Item No.	Description	Unit Cost		Quantity	Total Cost	1st	Quarter	2nd	d Quarter	3r	d Quarter	4th	Quarter
			No.	Description		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	TRANSACTI	ON FOR THE PER	IOD	•	•	•	•	
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:

MANOLITOM. BULLAOIT

(Head of Department/Office)

	FDP	Form	14a - :	Supp	lemental	F	Procurement Plan	, b	v Office or	De	partmer	nt
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Province, City or Municipality : LUNA, APAYAO

Plan Control	l No				Planned Amount					Page(1)_	of(3) pages		
Department/	Office: Health Office		_		Regular	Contingenc	у	Total		Date Subm	itted:		
				Quantity					DISTRI	BUTION			
Item No.	Description	Unit Cost	,	Quantity	Total Cost	1st	t Quarter	2nd	d Quarter	3r	d Quarter	4th	n Quarter
			No.	Description		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	TRANSACT	ION FOR THE PER	IOD	•		•		,
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.

JONAH GRAC F. YERZOLA, MD

(Head of Impartment/Office)

	FDP F	Form 14a	 Supp 	lemental	Procurement	Plan, b	y Office or	Department
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Province, City or Municipality : LUNA, APAYAO

Plan Control	No				Planned Amount					Page(1)_	of(3) pages	ı	
Department/	Office: MPDO				Regular	Contingency	/	Total		Date Subm	itted:		
				Quantity						IBUTION			
Item No.	Description	Unit Cost			Total Cost	1st	Quarter		d Quarter	3r	d Quarter	4th	Quarter
			No.	Description		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	TRANSACTI	ON FOR THE PER	RIOD		•	•		
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.

MILLELORENCE A VILLAFUERTE Prepared by:

FDP I	Form	14a -	 Supplemental 	Procurement Pla	n, by	Office or	Department

32

	or Municipality :												
Plan Control No					Planned Amount					Page(1)	of(3) page	es	
Department/ Of	ffice: Treasury Office				Regular	Contingency	/	Total		Date Subn	nitted:		
				Quantity					DISTR	IBUTION			
Item No.	Description	Unit Cost		Quantity	Total Cost	1st	Quarter	2nd	d Quarter	3	rd Quarter	4th	Quarter
			No.	Description		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					-								<u> </u>
3					-								· I
4					Note: N	O TRANSACT	ON FOR THE PE	RIOD					
5					-								
6					-								I
7					-								
8					-								I
9					-								I
10					-								<u>-</u>
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)

	FDP F	Form 14a - 🤄	Supplementa	l Procurement Plan	i, by Office or I	Departmen [®]
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Province, City or Municipality : LUNA, APAYAO

Plan Control	No				Planned Amount					Page(1)_	of(3) page	es	
Department/	Office: Agriculture Office				Regular	Contingenc	у	Total		Date Subm	itted:		
				Quantity						IBUTION			
Item No.	Description	Unit Cost			Total Cost	1st	Quarter		d Quarter	3r	d Quarter	4th	Quarter
			No.	Description		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	TRANSACTI	ON FOR THE PER	IOD	•	•	•	•	
6					-								
7					-								
8					-								
9	·				-								<u> </u>
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:

DP Form 14a - Supp	olemental Procuremen	t Plan, by	Office or De	partment

Province, City or Municipality : LUNA, APAYAO

Plan Contr	n Control No					Planned Amount					Page(1)of(3) pages				
Departmen	t/ Office: MSWDO				Regular	Contingenc	ngency Total Date Submitted:								
	Quantity					DISTRIBUTION									
Item No.	Description	Unit Cost			Total Cost	1st	Quarter	2nd	d Quarter	3r	d Quarter	4th Quarter			
			No.	Description		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	ON FOR THE PERI	OD	•	•	•	•			
6															
7															
8															
9															
10															
TOTAL	·	0.0	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 <u>plan</u> is in accordance with the objective of this Office.

Prepared by:

	FDP	Form 14a	 Supplementa 	I Procurement Plan	, by Office or	Department
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Municipality : LUNA, APAYAO

ol No			Planned Amount					Page(1)of(3) pages					
tment/ Office	: LCR				Regular	Contingency Total				Date Submitted:			
				Quantity					DISTR	IBUTION			
Item No.	Description	Unit Cost			Total Cost	1st	Quarter	2nd	l Quarter	3r	d Quarter	4th	Quarter
			No.	Description		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	TRANSACTI	ON FOR THE PER	IOD					
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	
	(Head of Department/Office)	

FD	P	Form '	14a - '	Supp	lemental	Pro	curement	Pla	n, by	y Office	or D	epartme

Province, City or Municipality : LUNA, APAYAO

	lan Control No					Planned Amount					Page(1)of(3) pages				
Department/	Office: Budget Office				Regular	Contingenc	ency Total Date Submitted:								
				Quantity						IBUTION					
Item No.	Description	Unit Cost	t		Total Cost	1st	Quarter	2nc	Quarter	3rd Quarter		4th Quarter			
			No.	Description		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	TRANSACT	ON FOR THE PER	RIOD		•	•	•			
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:

TERESA H. BULLAOIT
(Head of Department/Office)

Province, City or Municipality : LUNA, APAYAO

Plan Control No					Planned Amount						Page(1)of(3) pages			
Department/	Office: Engineering Office				Regular	Contingenc	ontingency Total				Date Submitted:			
	Quantity				DISTRIBUTION									
Item No.	Description	Unit Cost		-	Total Cost	1st	Quarter	2nd	d Quarter	3	rd Quarter	4th	4th Quarter	
			No.	Description		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	TRANSACTIO	N FOR THE PERI	OD	-	•	•	-		
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:

FDP Form	14a - Si	upplemental	Procurement	Plan, by	Office or E	Department

Municipality : LUNA, APAYAO

ol No						Planned Amount						Page(1)of(3) pages			
Office: Accor	Inting Office				Regular	Contingenc	Contingency Total Date Submitted:								
				Quantity				DISTRIBUTION							
Item No.	Description	Unit Cost		auantity	Total Cost	1st	1st Quarter		d Quarter	3r	d Quarter	4th Quarter			
			No.	Description		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	O TRANSACT	ION FOR THE PER	IOD	•	•	•	-			
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:	X .	
	GREG LABARIA JR.	
	(Head of Department/Office)	

FDP Form 14a - Supplemental Procurement Plan, by Office or Depar	rtmen
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Province, City or Municipality : LUNA, APAYAO

Plan Control	No				Planned Amount					Page(1)	of(3)pag	es	
Department/	Office: Assessor's Office	Regular	Contingency Total				Date Submitted:						
	Description	otion Unit Cost	Quantity		Total Cost				DISTR	IBUTION			
Item No.						1st Quarter		2nd Quarter		3rd Quarter		4th Quarter	
			No.	Description		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	TRANSACTI	ON FOR THE PER	RIOD	•	•	•	•	
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

FD	P	Form '	14a - '	Supp	lemental	Pro	curement	Pla	n, by	y Office	or D	epartme

Province, City or Municipality : LUNA, APAYAO

Plan Contro	ol No	Planned Amount					Page(1)of(3) pages						
Department	/ Office: LDRRMO	Regular	Contingency	1	Total		Date Subm						
Item No.	. Description		Quantity		Total Cost	DISTRIBUTION							
		Unit Cost				1st Quarter		2nd Quarter		3rd Quarter		4th Quarter	
				No.	Description		Qty.	Amount	Qty.	Amount	Qty.	Amount	Qty.
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					-								1
3					-								1
4					-								<u> </u>
5		•		•	Note: NO	TRANSACTI	ON FOR THE PER	IOD		·	•	•	
6					-								
7					-								1
8					-								<u> </u>
9					-								<u> </u>
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)