



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 2021**

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	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	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
JOSEPHINE M. BANGSIL
(Head of Department/Office)

**SUPPLEMENTAL PROCUREMENT PLAN
FOR THE CY 2021**

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							
						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 2021**

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							
						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 F. TERZOLA, MD
 (Head of Department/Office)

**SUPPLEMENTAL PROCUREMENT PLAN
FOR THE CY 2021**

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	DISTRIBUTION							
						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: MILFLORENCE A. VILLAFUERTE
(Head of Department/Office)

**SUPPLEMENTAL PROCUREMENT PLAN
FOR THE CY 2021**

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							
						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 2021**

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	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 2021**

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	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	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 TRAVELO
 (Head of Department/Office)

**SUPPLEMENTAL PROCUREMENT PLAN
FOR THE CY 2021**

Municipality : LUNA, APAYAO

PI No. _____
Department/ Office: LCR

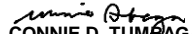
Planned Amount
Regular Contingency Total

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	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
(Head of Department/Office)

**SUPPLEMENTAL PROCUREMENT PLAN
FOR THE CY 2021**

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	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: TERESA H. BULLAOIT
 (Head of Department/Office)

**SUPPLEMENTAL PROCUREMENT PLAN
FOR THE CY 2021**

Province, City or Municipality : LUNA, APAYAO

Plan Control No. _____

Page (1) of (3) pages

Department/ Office: Engineering Office

Planned Amount

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	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:


ALBERT D. MARTIN
 (Head of Department Office)


**SUPPLEMENTAL PROCUREMENT PLAN
FOR THE CY 2021**

Municipality : LUNA, APAYAO

PI No. _____ Planned Amount _____ Page ____ (1) ____ of ____ (3) ____ pages
 Office: Accounting 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	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 2021**


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	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 2021**

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	DISTRIBUTION							
						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)