

SUMMARY BY OFFICE

DEPARTMENT	HEAD OF DEPARTMENT/OFFICE	TOTAL COST
Office of the Municipal Mayor	HON. MARTIN RAUL S. SISON II	None
Office of the Municipal Vice Mayor	HON. MARILYN S. SISON	None
Office of the Sangguniang Bayan Members	HON. MARILYN S. SISON	None
Office of the Secretary to the Sanggunian	HON. MARILYN S. SISON	None
Office of the Municipal Treasurer	DR. LOIDA M. CANCINO	50,000.00
Office of the Municipal Assessor	MERLE C. MORENO	None
Office of the Municipal Accountant	ARLON C. TAMONDONG	None
Office of the Municipal Civil Registrar	WILMA V. CALUGAY	None
Office of the Municipal Budget Officer	MARIA ANGELICA DG. FERRER	None
Office of the Municipal Planning & Development Coordinator	ENGR. RUBEN A. BAYSIC	None
Office of the Chief Administrative Officer	KEDELYN R. PASCARAN	None
Office of the Municipal Engineer	ENGR. NORBERTO C. CANCINO	None
Office of the Municipal Agriculturist	DR. MANUEL C. VALLO	None
Office of the Municipal Social Welfare & Development Officer	MERCEDES R. BIGAY	None
Office of the Municipal Health Office	DR. CATHERINE B. LICUANAN	None
Operation of Market & Slaughterhouse	DR. LOIDA M. CANCINO	None

FDP Form 14a - Supplemental Procurement Plan

SUPPLEMENTAL PROCUREMENT PLAN
FOR THE 4TH Quarter, CY 2017

Province, City or Municipality : PANGASINAN, URBIZONDO

Plan Control No. _____				Planned Amount		Page ___(1)___ of ___(1)___ page						
Department/ Office: OFFICE OF THE MAYOR				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

NO SUPPLEMENTAL PROCUREMENT PLAN FOR THE PERIOD OF OCTOBER TO DECEMBER 2017

TOTAL												

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

Prepared: (SGD) HON. MARTIN RAUL S. SISON II
(Head of Department/Office)

SUPPLEMENTAL PROCUREMENT PLAN
FOR THE 4TH Quarter, CY 2017

Province, City or Municipality : PANGASINAN, URBIZONDO

Plan Control No. _____				Planned Amount						Page ___(1)___ of ___(1)___ page			
Department/ Office: OFFICE OF THE VICE MAYOR				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	
TOTAL													

NO SUPPLEMENTAL PROCUREMENT PLAN FOR THE PERIOD OF OCTOBER TO DECEMBER 2017

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Prepared: _____
 (SGD.) HON. MARILYN S. SISON
 (Head of Department/Office)

FDP Form 14a - Supplemental Procurement Plan

**SUPPLEMENTAL PROCUREMENT PLAN
FOR THE 4TH Quarter, CY 2017**

Province, City or Municipality : PANGASINAN, URBIZONDO

Plan Control No. _____					Planned Amount				Page ____(1)___ of ____(1)___ page				
Department/ Office: OFFICE OF THE SECRETARY TO THE SANGGUNIAN					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	

NO SUPPLEMENTAL PROCUREMENT PLAN FOR THE PERIOD OF OCTOBER TO DECEMBER 2017

TOTAL												

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Prepared: _____
 (SGD.) HON. MARILYN S. SISON
 (Head of Department/Office)

FDP Form 14a - Supplemental Procurement Plan

SUPPLEMENTAL PROCUREMENT PLAN
FOR THE 4TH Quarter, CY 2017

Province, City or Municipality : PANGASINAN, URBIZONDO

Plan Control No. _____					Planned Amount			Page ____ (1) ____ of ____ (1) ____ page					
Department/ Office: OFFICE OF THE MUNICIPAL TREASURER					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	Office Supplies			50,000.00									
TOTAL				50,000.00									

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Prepared: _____
(SGD.) LOIDA M. CANCINO
(Head of Department/Office)

FDP Form 14a - Supplemental Procurement Plan

SUPPLEMENTAL PROCUREMENT PLAN
FOR THE 4TH Quarter, CY 2017

Province, City or Municipality : PANGASINAN, URBIZTONDO

Plan Control No. _____				Planned Amount				Page ___(1)___ of ___(1)___ page					
Department/ Office: OFFICE OF THE MUNICIPAL ACCOUNTANT				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	

NO SUPPLEMENTAL PROCUREMENT PLAN FOR THE PERIOD OF OCTOBER TO DECEMBER 2017

TOTAL													

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Prepared: ARLON C. TAMONDONG
(Head of Department/Office)

FDP Form 14a - Supplemental Procurement Plan

SUPPLEMENTAL PROCUREMENT PLAN
FOR THE 4TH Quarter, CY 2017

Province, City or Municipality : PANGASINAN, URBIZTONDO

Plan Control No. _____					Planned Amount			Page ___(1)___ of ___(1)___ page					
Department/ Office: OFFICE OF THE MUNICIPAL CIVIL REGISTRAR					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	

NO SUPPLEMENTAL PROCUREMENT PLAN FOR THE PERIOD OF OCTOBER TO DECEMBER 2017

TOTAL													

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Prepared:

WILMA V. CALUGAY
(Head of Department/Office)

FDP Form 14a - Supplemental Procurement Plan

SUPPLEMENTAL PROCUREMENT PLAN
FOR THE 4TH Quarter, CY 2017

Province, City or Municipality : PANGASINAN, URBIZTONDO

Plan Control No. _____					Planned Amount			Page ___(1)___ of ___(1)___ page					
Department/ Office: OFFICE OF THE MUNICIPAL BUDGET OFFICER					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

NO SUPPLEMENTAL PROCUREMENT PLAN FOR THE PERIOD OF OCTOBER TO DECEMBER 2017

TOTAL													

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Prepared: MARIA ANGELICA DG. FERRER
(Head of Department/Office)

SUPPLEMENTAL PROCUREMENT PLAN
FOR THE 4TH Quarter, CY 2017

Province, City or Municipality : PANGASINAN, URBIZTONDO

Plan Control No. _____					Planned Amount					Page ___(1)___ of ___(1)___ page				
Department/ Office: OFFICE OF THE CHIEF ADMINISTRATIVE OFFICER					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		

NO SUPPLEMENTAL PROCUREMENT PLAN FOR THE PERIOD OF OCTOBER TO DECEMBER 2017

TOTAL													

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Prepared: _____
KEDELYN R. PASCARAN
(Head of Department/Office)

SUPPLEMENTAL PROCUREMENT PLAN
FOR THE 4TH Quarter, CY 2017

Province, City or Municipality : PANGASINAN, URBIZTONDO _____

Plan Control No. _____				Planned Amount			Page ___(1)___ of ___(1)___ page					
Department/ Office: OFFICE OF THE MUNICIPAL SOCIAL WELFARE & DEVELOPMENT OFFICER				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

NO SUPPLEMENTAL PROCUREMENT PLAN FOR THE PERIOD OF OCTOBER TO DECEMBER 2017

TOTAL													

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Prepared: _____
(SGD.) MERCEDES R. BIGAY
(Head of Department/Office)

SUPPLEMENTAL PROCUREMENT PLAN
FOR THE 4TH Quarter, CY 2017

Province, City or Municipality : PANGASINAN, URBIZONDO

Plan Control No. _____
Department/ Office: OFFICE OF THE MUNICIPAL HEALTH OFFICER

Planned Amount
Regular Contingency Total

Page ___(1)___ of ___(1)___ page
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	
TOTAL													

NO SUPPLEMENTAL PROCUREMENT PLAN FOR THE PERIOD OF OCTOBER TO DECEMBER 2017

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Prepared: _____
(SGD.) DR. CATHERINE B. LICUANAN
(Head of Department/Office)

