LGU FORM No. 2

SUPPLEMENTAL PROCUREMENT PROGRAM

For the CY 2019

NAME OF LGU: **MUNICIPALITY OF DINGRAS**														
PROGRAM CONTROL No.:					PLANNED AMOUNT									
Department/Office:					REGULAR	ONTINGENCY		TOTAL		DATE SUBMITTED:				
						DISTRIBUTION								
Item No.	Description	Unit Cost	QTY.	Unit	Total Cost	1st Quarter		2nd Quarter		3rd Quarter		4th Quarter		
						Quantity	Amount	Quantity	Amount	Quantity	Amount	Quantity	Amount	
	TO WHOM IT MAY CONCERN:													
	This is to certify that as per available records of this office , no Supplemental Procurement Plan for the whole year **of 2019**													
	(January to December) was created.													
	This certification is issued in compliance with the requirements of the Commission on Audit particularly of the Revised Implementing rules													
	Rules and Regulations of R.A. 9184 otherwise known as the Government Procurement Reform Act.													
	Given this 15th day of January 2020 at Dingras, Ilocos Norte.													
TOTAL														

This is to certify that the above procurement program is in accordance with objectives of the LGU.

Recommended by:

NILO V. TEJADA
Administrative Officer V