



Republic of the Philippines
CITY OF MARIKINA
Shoe Ave. Sta. Elena, Marikina City
www.marikina.gov.ph

BIDS AND AWARDS COMMITTEE

CERTIFICATION

This is to certify that the City of Marikina has no 1ST Quarter Supplemental Procurement Plan for 2017.

In lieu of the quarterly supplemental procurement plan, the City has an Annual Procurement Plan 2017, where the schedule of implementation of the projects is from 1st quarter to 4th quarter depending on the availability of funds.

This certification shall form part of the Technical Documentary Requirements per DILG Full Disclosure Program.

Issued this 20th day of April 2017 at Marikina City.

City of Marikina
Procuring Entity

Marikina City Hall
Address

646-1626
Tel.No./Fax


DR. RAMONITO D. VILIRAN
BAC Chairman

Signature

www.marikina.gov.ph



LUNGSOD NG MAY MABUTING UGALI
(CITY OF GOOD CONDUCT)

G/F Marikina Cityhall, Shoe Ave ., Sta. Elena, Marikina City

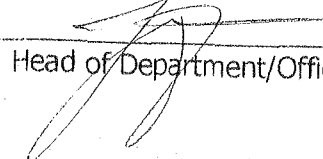
**SUPPLEMENTAL PROCUREMENT PLAN
FOR THE 1st QUARTER, CY 2017**

Province, City or Municipality: _____

Plan Control No. _____					Planned Amount: _____					Page <u>(1)</u> of <u>(1)</u> pages				
Department Office: _____					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								
						1 st Quarter		2 nd Quarter		3 rd Quarter		4 th Quarter		
						Qty.	Amount	Amount	Qty.	Qty.	Amount	Qty.	Amount	
	NOT APPLICABLE.													
TOTAL														

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

Proposed by: _____
Head of Department/Office)




**SUPPLEMENTAL PROCUREMENT PLAN
FOR THE 2nd QUARTER, CY 2017**

Province, City or Municipality: Marikina City

Plan Control No. _____					Planned Amount: _____				Page <u>(1)</u> of <u>(1)</u> pages					
Department Office: _____					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								
						1 st Quarter		2 nd Quarter		3 rd Quarter		4 th Quarter		
					Qty.	Amount	Amount	Qty.	Qty.	Amount	Qty.	Amount		
TOTAL														

NOT APPLICABLE

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

Proposed by:  Head of Department/Office)



Republic of the Philippines

CITY OF MARIKINA

Shoe Ave. Sta. Elena, Marikina City

www.marikina.gov.ph

BIDS AND AWARDS COMMITTEE

CERTIFICATION

This is to certify that the City of Marikina has no 2ND Quarter Supplemental Procurement Plan for 2017.

In lieu of the quarterly supplemental procurement plan, the City has a Supplemental Annual Procurement Plan, where the schedule of implementation of the projects is from 1st quarter to 4th quarter depending on the availability of funds.

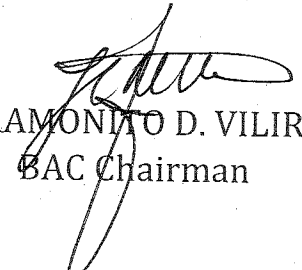
This certification shall form part of the Technical Documentary Requirements per DILG Full Disclosure Program.

Issued this 30th day of August 2017 at Marikina City.

City of Marikina
Procuring Entity

Marikina City Hall
Address

646-1626
Tel.No./Fax


DR. RAMONITO D. VILIRAN
BAC Chairman

Signature

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LUNGSOD NG MAY MABUTING UGALI
(CITY OF GOOD CONDUCT)

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Republic of the Philippines

CITY OF MARIKINA

Shoe Ave. Sta. Elena, Marikina City

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BIDS AND AWARDS COMMITTEE

CERTIFICATION

This is to certify that the City of Marikina has no 3rd Quarter Supplemental Procurement Plan for 2017.

In lieu of the quarterly supplemental procurement plan, the City has a Supplemental Annual Procurement Plan, where the schedule of implementation of the projects is from 1st quarter to 4th quarter depending on the availability of funds.

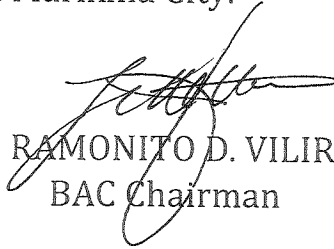
This certification shall form part of the Technical Documentary Requirements per DILG Full Disclosure Program.

Issued this 10th day of November 2017 at Marikina City.

City of Marikina
Procuring Entity

Marikina City Hall
Address

646-1626
Tel.No./Fax


DR. RAMONITO D. VILIRAN
BAC Chairman

Signature

www.marikina.gov.ph

LUNGSOD NG MAY MABUTING UGALI
(CITY OF GOOD CONDUCT)

G/F Marikina City Hall, Shoe Ave., Sta. Elena, Marikina City

**SUPPLEMENTAL PROCUREMENT PLAN
FOR THE 3rd QUARTER, CY 2017**

Province, City or Municipality: _____

Plan Control No. _____				Planned Amount: _____				Page <u>(1)</u> of <u>(1)</u> pages				
Department Office: _____				Regular	Contingency	Total		Date Submitted: _____				
				Total Cost	D I S T R I B U T I O N							
Item No.	Description	Unit Cost	Quantity		1 st Quarter		2 nd Quarter		3 rd Quarter		4 th Quarter	
					Qty.	Amount	Amount	Qty.	Qty.	Amount	Qty	Amount
NOT APPLICABLE												
TOTAL												

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

Proposed by: _____
Head of Department/Office)

