

Name of Local Government Unit: CITY HALL OF LAS PIÑAS

Plan Control No. _____

Department/ Office: ALL DEPARTMENT

Planned Amount

Regular

Contingency	
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Total	
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Page _____ of _____ pages

Date Submitted:

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

Noted by:

ATTY. GERALD B. BELOSO
General Services Officer