FDP Form 4B Annual Procurement Plan or Procurement List (Supplemental 2nd Quarter 2015)

Summary by Office

DISCRIPTION	HEAD OF DEPARTMENT	OFFICE	TOTAL COST
1. EPSON L210 PRINTER	HON. REYNALDO A. RILLO	OFFICE OF THE MAYOR	17,950.00
2. EPSON L210 PRINTER	MYRNA A. SISAYAN	MUNICIPAL BUDGET OFFICER	8,975.00
3. LAPTOP LENOVO	DR. RUFINO DIEZ	MUNICIPAL HEALTH OFFICER	21,150.00
4. EPSON PRINTER	DR. RUFINO DIEZ	MUNICIPAL HEALTH OFFICER	15,000.00
5. INK UNLI PRINTER	DR. RUFINO DIEZ	MUNICIPAL HEALTH OFFICER	
BLACK	DR. RUFINO DIEZ	MUNICIPAL HEALTH OFFICER	2,900.00
CYAN	DR. RUFINO DIEZ	MUNICIPAL HEALTH OFFICER	870.00
MAGENTA	DR. RUFINO DIEZ	MUNICIPAL HEALTH OFFICER	870.00
YELLOW	DR. RUFINO DIEZ	MUNICIPAL HEALTH OFFICER	870.00
6. USB KEYBOARD	DR. RUFINO DIEZ	MUNICIPAL HEALTH OFFICER	401.79
7.HP CN693A # 704 COLOR	DR. RUFINO DIEZ	MUNICIPAL HEALTH OFFICER	366.07
8. HP CN692 # 704 BLACK	DR. RUFINO DIEZ	MUNICIPAL HEALTH OFFICER	366.07
9. EPSON T664100 BLACK	DR. RUFINO DIEZ	MUNICIPAL HEALTH OFFICER	1,053.60
10.EPSON T664300 MAGENTA	DR. RUFINO DIEZ	MUNICIPAL HEALTH OFFICER	526.79
11.EPSON T66400 YELLOW	DR. RUFINO DIEZ	MUNICIPAL HEALTH OFFICER	526.79
12 1TB USB3.0	DR. RUFINO DIEZ	MUNICIPAL HEALTH OFFICER	3,258.93
13.EPSON L210 PRINTER	TERESITA C. NUESTRO	MENRO	7,800.00
14.EPSON L210 PRINTER	ERIBERTA A. ESTRADA	MPDO	7,800.00
15 INK FOR UNLI PRINTER	TERESITA C. NUESTRO	MENRO	3,000.00
16. SANITARY PERMIT	DR. RUFINO DIEZ	MUNICIPAL HEALTH OFFICER	12,000.00
17.MEDICAL SUPPLIES	DR. RUFINO DIEZ	MUNICIPAL HEALTH OFFICER	12,960.00
18.MEDICINE SUPPLIES	DR. RUFINO DIEZ	MUNICIPAL HEALTH OFFICER	36,920.00
19. 1.5 HP AIRCONDITION	ENGR. PRECITA A. REGINO	GSO	21,000.00
20. 40"LED TV	ANA CLARIZA G. ALCANTARA	ACTING TOURISM OFFICER	16,600.00
21. WALL FAN	ANA CLARIZA G. ALCANTARA	ACTING TOURISM OFFICER	1,900.00
22.OFFICE TABLE	MYRNA A. SISAYAN	MUNICIPAL BUDGET OFFICER	4,500.00
23. OFFICE CHAIR	MYRNA A. SISAYAN	MUNICIPAL BUDGET OFFICER	3,590.00
TOTAL			**203,155.04**

Prepared by :

ARIEL G. MALIMBAN
ADMINISTRATIVE AIDE IV

Submitted by :

ENGR. PRECITA A. REGINO
MUNICIPAL ENGINEER/G.S.O

SUPPLEMENTAL PROCUREMENT PLAN

2ND QUARTER C.Y 2015

LGU FORM NO .01

Municipal Government of Maragondon

Page 1 of 1 pages

Plan Control No: _____

Department Office : OFFICE OF THE MAYOR

ITEM NO:	DESCRIPTION	PLANNED AMOUNT										
		REGULAR CONTINGENCY TOTAL										
					DISTRIBUTION							
		UNIT COST	QUANTITY	TOTAL COST	1ST QUARTER		2ND QUARTER		3RD QURATER		4TH QUARTER	
					QTY.	AMOUNT	QTY.	AMOUNT	QTY.	AMOUNT	QTY.	AMOUNT
1	EPSON L210 PRINTER	8,975.00	UNIT	17,950.00			2	17,950.00				

PREPARED BY :

JESSICA TAÑAGRAS
ADMIN AIDE

APPROVED BY:

REYNALDO A PALLO
MUNICIPAL MAYOR

SUPPLEMENTAL PROCUREMENT PLAN

2ND QUARTER C.Y 2015

LGU FORM NO .01

Municipal Government of Maragondon

Plan Control No: _____

Department Office : OFFICE OF THE MAYOR

Page _____1_____ of ____1____ pages

ITEM NO:	DESCRIPTION	PLANNED AMOUNT										
		REGULAR CONTINGENCY TOTAL										
		UNIT COST	QUANTITY	TOTAL COST	DISTRIBUTION							
					1ST QUARTER		2ND QUARTER		3RD QURATER		4TH QUARTER	
					QTY.	AMOUNT	QTY.	AMOUNT	QTY.	AMOUNT	QTY.	AMOUNT
1	EPSON L210 PRINTER	8,975.00	UNIT	8,975.00			1	8,975.00				
								8,975.00				

PREPARED BY :

MYRNA A. SISAYAN
MUNICIPAL BUDGET OFFICER

APPROVED BY:

REYNALDO A RIVILO
MUNICIPAL MAYOR

SUPPLEMENTAL PROCUREMENT PLAN 2015
(Phil health 1)

LGU FORM NO. 01

Municipal Government of Maragondon

Plan Control No :	PLANNED AMOUNT	PAGE 1
Department Office: Rural Health Unit	REGULAR CONTIGENCY TOTAL :	Date submitted : 7-9-15

ITEM NO.	DESCRIPTION	UNIT COST	QTY	TOTAL COST	DISTRIBUTION							
					1ST QUARTER		2ND QUARTER		3RD QUARTER		4TH QUARTER	
					QTY.	AMOUNT	QTY.	AMOUNT	QTY.	AMOUNT	QTY.	AMOUNT
1	LAPTOP LENOVO-64030-80FY007DPH	P21,150.00	1	P21,150.00			1	P21,150.00				
2	EPSON PRINTER	P7,500.00	2	P15,000.00			2	P15,000.00				
3	EPSON INK BLACK	P290.00	10	P2,900.00			10	P2,900.00				
4	EPSON INK CYAN	P290.00	3	P870.00			3	P870.00				
5	EPSON INK MAGENTA	P290.00	3	P870.00			3	P870.00				
6	EPSON INK YELLOW	P290.00	3	P870.00			3	P870.00				
Total:								P41,660.00				

PREPARED BY:

RUFINO S. DIEZ, M.D.
MUNICIPAL HEALTH OFFICER

SUPPLEMENTAL PROCUREMENT PLAN 2014
2nd Quarter
(PHILHEALTH I)

LGU FORM NO. 01

Municipal Government of Maragondon

Plan Control No :	PLANNED AMOUNT	PAGE 1
Department Office: Rural Health Unit	REGULAR CONTIGENCY TOTAL :	Date submitted : May 8, 2015

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	A4 TECH KR-750 BLACK USB KEYBOARD	P401.79	1	P401.79			1	P401.79				
2	HP CN693A (#704) COLOR INK CARTRIDGE	P366.07	1	P366.07			1	P366.07				
3	HP CN692A (#704) BLACK INK CARTRIDGE	P366.07	1	P366.07			1	P366.07				
4	EPSON T664100 BLACK INK TANK	P263.4	4	P1,053.6			4	P263.4				
5	EPSON T664300 MAGENTA INK TANK	P263.4	2	P526.79			2	P263.4				
6	EPSON T664400 YELLOW INK TANK	P263.4	2	P526.79			2	P263.4				
7	WD- MY PAASPORT ULTRA 1TB USB3.0	P3,258.93	1	P3,258.93			1	P3,258.93				
8	VAT	P780.00		P780.00				P780.00				
	TOTAL											P7,280.00

SUPPLEMENTAL PROCUREMENT PLAN 2015
(Medicine and Medical Supplies Philhealth 2)

LGU FORM NO. 01

Municipal Government of Maragondon

Plan Control No :	PLANNED AMOUNT	PAGE 1
Department Office: Rural Health Unit	REGULAR CONTIGENCY TOTAL :	Date submitted :

ITEM NO.	DESCRIPTION	UNIT COST	QTY	TOTAL COST	DISTRIBUTION							
					1ST QUARTER		2ND QUARTER		3RD QUARTER		4TH QUARTER	
					QTY.	AMOUNT	QTY.	AMOUNT	QTY.	AMOUNT	QTY.	AMOUNT
	OXYTOCIN	35	50 amps.	1750			50 amps.	1750				
	GLOVES SIZE 6 STERILE	650	5BOXES	3250			5BOXES	3250				
	GLOVES SIZE 7 STERILE	650	5BOXES	3250			5BOXES	3250				
	GLOVES SIZE 6 NON STERILE	250	5BOXES	1250			5BOXES	1250				
	GLOVES SIZE 7 NON STERILE	250	5BOXES	1250			5BOXES	1250				
	KY JELLY (ORMED) BIG	315	20TUBES	6300			20TUBES	6300				
	GAUZE STERILE	380	20BOXES	7600			20BOXES	7600				
	LYSOL(LIQUID)	1850	1	1850			1	1850				
	ZYDEX	1850	1	1850			1	1850				
	LIDOCANE	50	10 bottle	500			10 bottle	500				
	CANULA (PEDIA)	35	10	350			10	350				
	FORALIVIT	195	30BOXES	5850			30BOXES	5850				
	VITAMIN K	38	50 AMP	1900			50 AMP	1900				
	ERYTHROMYCIN OPHTALMIC OINTMENT	320	20TUBES	6400			20TUBES	6400				
	METHERGIN TABLET	115	4BOXES	460			4BOXES	460				
	METHERGIN AMPOULE	150	5 BOXES	750			5 BOXES	750				
	FERROUS SULPHATE TAB	68	20BOXES	1360			20 BOXES	1360				
	SYRINGE #5ML	265	5 BOXES	1325			5 BOXES	1325				
	SYRINGE #1ML	250	5 BOXES	1250			5 BOXES	1250				
	SYRINGE #3ML	250	5 BOXES	1250			5 BOXES	1250				
	CORD CLAMP	4.50	30PCS	135			30PCS	135				

SUPPLEMENTAL PROCUREMENT PLAN

LGU FORM NO. 01

Municipal Government of Maragondon

Plan Control No :	PLANNED AMOUNT	PAGE 1
Department Office: Rural Health Unit	REGULAR CONTIGENCY TOTAL :	Date submitted : June 24, 2015

ITEM NO.	DESCRIPTION	UNIT COST	QTY	TOTAL COST	DISTRIBUTION							
					1ST QUARTER		2ND QUARTER		3RD QUARTER		4TH QUARTER	
					QTY	AMOUNT	QTY.	AMOUNT	QTY	AMOUNT	QTY.	AMOUNT
1	Sanitary Permit Form	P6.00	2,000	P12,000.00			2,000	P12,000.00				
	TOTAL											

SUPPLEMENTARY PROCUREMENT PLAN
2ND QUARTER 2015

LGU FORM NO.01

Municipal Government of Maragondon

Plan Control No :_____

Department Office : MENRO / MPDC

PLANNED AMOUNT

REGULAR CONTINGENCY TOTAL

Page _____ of _____ pages

Date Submitted :

ITEM NO	DESCRIPTION	UNIT COST	QUANTITY	TOTAL COST	DISTRIBUTION								Remarks
					IST QUARTER		2ND QUARTER		3RD QUARTER		4TH QUARTER		
					QTY.	AMOUNT	QTY.	AMOUNT	QTY.	AMOUNT	QTY.	AMOUNT	
1	EPSON L210	7,800.00	unit	15,600.00			2	15,600.00					
	UNLIMITED INK												
	BALCK	300.00	pcs	1,200.00			4	1,200.00					
	CYAN	300.00	pcs	600.00			2	600.00					
	MAGENTA	300.00	pcs	600.00			2	600.00					
	YELLOW	300.00	pcs	600.00			2	600.00					
								18,600.00					

Submitted by :

ERIBERTA A. ESTRADA
MPDO

TERESITA C. NUESTRO
MENRO

SUPPLEMENTARY PROCUREMENT PLAN
2ND QUARTER 2015

LGU FORM NO.01

Municipal Government of Maragondon

Plan Control No : _____

Department Office : MBO

PLANNED AMOUNT

REGULAR CONTINGENCY TOTAL

Page _____ of _____ pages

Date Submitted :

ITEM NO	DESCRIPTION	UNIT COST	QUANTITY	TOTAL COST	DISTRIBUTION								Remarks
					IST QUARTER		2ND QUARTER		3RD QUARTER		4TH QUARTER		
					QTY.	AMOUNT	QTY	AMOUNT	QTY	AMOUNT	QTY.	AMOUNT	
1	OFFICE TABLE	4,500.00	pcs	4,500.00			1	4,500.00					
2	OFFICE CHAIR	3,590.00	pcs	3,590.00			1	3,590.00					
3	COMPUTER SET		unit				1						
								8,090					

Submitted by :

MYRNA A. SAYAN
MBO

SUPPLEMENTAL ANNUAL PROCUREMENT PLAN

January 1 to December 31, 2015

LGU FORM NO.01

Municipal Government of Maragondon

Ian Control No : _____

PLANNED AMOUNT

REGULAR CONTINGENCY TOTAL

Date Submitted:

Department Office : Tourism Office

ITEM NO	DESCRIPTION	UNIT COST	UNIT	QTY	TOTAL COST	DISTRIBUTION 1ST QUARTER QTY	1ST QUARTER AMT	2ND QUARTER QTY	2ND QUARTER AMT	3RD QUARTER QTY	3RD QUARTER AMT	4TH QUARTER QTY	4TH QUARTER AMT
1	40" LED TELEVISION	16600.00	PC	1	16600.00			1	16600.00				
2	WALL FAN	1900.00	PC	1	1900.00			1	1900.00				

Prepared by:

ANA CLARIZA G. ALCANTARA

Designated Tourism Officer

SUPPLEMENTAL PROCUREMENT PLAN
2ND QUARTER C.Y 2015

LGU FORM NO .01
Municipal Government of Maragondon

Plan Control No: _____

Department Office : G.S.O

Page 1 of 1 pages

PLANNED AMOUNT
REGULAR CONTINGENCY TOTAL

ITEM NO:	DESCRIPTION	UNIT COST	QUANTITY	TOTAL COST	DISTRIBUTION 1ST QUARTER		2ND QUARTER		3RD QURATER		4TH QUARTER	
					QTY.	AMOUNT	QTY.	AMOUNT	QTY.	AMOUNT	QTY.	AMOUNT
1	1.5 HP AIRCON WINDOW TYPE	21,000.00	UNIT	21,000.00			1	21,000.00				
								21000.00				

PREPARED BY :

ARIEL P. MALIMBAN
ADMIN AIDE IV

NOTED BY :

ENGR. PRECITA A. REGINO
MUNICIPAL ENGINEER/G.S.O