

PHILIPPINE CROP INSURANCE CORPORATION

Regional Office No. _____

FARM PLAN AND BUDGET

Name of Farmer: _____ ☐ Borrower
Address: _____ ☐ Self-Financed
Farm Location: _____
Area Insured (has.) _____

ACTIVITY	QUANTITY	UNIT COST	TOTAL AMOUNT	ESTIMATED DATE OF USE	
				FROM	TO
I. SEEDS/SEEDBED PREPARATION					
a. Seeds/Planting Material					
b. Seedbed Preparation					
b.1 Labor					
II. LAND PREPARATION					
a. Plowing					
b. Harrowing/Leveling					
c. Basal Application					
d. Others					
III. PLANTING					
a. Pulling of Seedlings					
b. Transplanting/Direct Seeding					
IV. PLANTCARE					
A. Material Inputs					
a.1 FERTILIZERS:(Specify)					
a.1.1. Complete					
a.1.2. Urea					
a.1.3. Organic					
a.1.4. Others					
(as recommended)					
b.1 CHEMICALS:					
b.1.1. Herbicide					
b.1.2. Insecticide/Pesticide					
b.1.3. Molluscide					
b.1.4. Rodenticide					
b.1.5. Others					
(as recommended)					
B. Labor Cost					
b.1 Fertilizer application					
b.2 Chemical application.					
b.3 Weeding					
b.4 Others					
(as recommended)					
V. HARVESTING					
a. Labor					
VI. IRRIGATION					
TOTAL					

Certified by:

Prepared by:

Municipal/City Agriculturist

Agricultural Technician