



Republic of the Philippines
Bicol University
Research Development and Extension
FAB LAB BICOL
BU East Campus, Legazpi City
E-mail: fablab@bicol-u.edu.ph

PAYMENT AND RELEASING FORM

1. CLIENT INFORMATION

CLIENT NAME: _____
ADDRESS: _____
CONTACT NO: _____

NO: _____
DATE: _____

Client Profile	Description of the Project
<input type="checkbox"/> STUDENT <input type="checkbox"/> MSME <input type="checkbox"/> OTHERS, SPECIFY: _____	

2. DETAILS OF THE SERVICE TO BE RENDERED

	UNIT	RATE	TOTAL COST
		TOTAL	

(Payable to BUCIT cashier and check is in the name of BUCIT)

Completion Date: _____

I, hereby understand and agree to the terms and conditions
set for the by Fab Lab Bicol.

Prepared by:

RONELL C. OROPESA

FABLAB STAFF

(SIGNATURE OVER PRINTED NAME OF CLIENT)

DATE:

DATE:

3. ORDER PAYMENT

Please issue an Official Receipt in favor of

for the amount of _____

Approved by:

ALFONSO M. PEÑOL JR.

Director

4. PAYMENT

OR. NO: _____

DATE: _____

Payment Received by:

CASHIER

5. RECEIPT OF COMPLETED WORK

I, the client, acknowledge that I have received the
above product.

(SIGNATURE OVER PRINTED NAME OF CLIENT)

DATE: _____