



Republic of the Philippines  
**PAMANTASAN NG LUNGSOD NG MAYNILA**  
**(University of the City of Manila)**  
Muralla Street, Intramuros, Manila 1002, Philippines



**COLLEGE OF ENGINEERING AND TECHNOLOGY**  
**INFORMATION TECHNOLOGY DEPARTMENT**

**PAYMENT CONSENT FORM**

I, Catherine L. Pasadilla, from **BSIT 3-4**, completely understand and realize that my participation in the **CAPSTONE 1 First Defense Presentation** on **July 14 to 15, 2023**, would require me to pay to cover the cost or contribution of my said participation. I am fully aware that the defense presentation will be conducted in partial fulfillment of the requirements for the course **CAPSTONE 1**

1. I am fully aware that all students enrolled under the subject Capstone 1 are **required to attend** the said defense presentation as a course requirement. In doing so, I would voluntarily pay a total of Php 170.00 to cover the cost or contribution of my participation.

2. As these events stand/serve as the **Final Project** of the said course, **failure** to attend will lead to an **incomplete grade**.

My signature below indicates that I have received a copy of this document, and I am willing to pay the said amount or contribution.

Signed on this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ at Pamantasan ng Lungsod ng Maynila, Intramuros, Manila, Philippines.

Coordinator's Signature

Student Signature

Parent's / Guardian's  
Signature

*Pasadilla*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Republic of the Philippines  
**PAMANTASAN NG LUNGSOD NG MAYNILA**  
(University of the City of Manila)  
Muralla Street, Intramuros, Manila 1002, Philippines



**COLLEGE OF ENGINEERING AND TECHNOLOGY**  
**INFORMATION TECHNOLOGY DEPARTMENT**

**ID OF PARENT (any ID)**



**3 SIGNATURES OF PARENT**

*Pasadilla Llanie Legarda*

**ANY VALID ID (WITH SIGNATURE) OF STUDENT**



Sem/Tr	1st	2nd	3rd	4th	5th	6th	7th	8th	9th	10th	11th	12th
1st	PLM	PLM	PLM	PLM	PLM	PLM	PLM	PLM	PLM	PLM	PLM	PLM
2nd	PLM	PLM	PLM	PLM	PLM	PLM	PLM	PLM	PLM	PLM	PLM	PLM
3rd	PLM	PLM	PLM	PLM	PLM	PLM	PLM	PLM	PLM	PLM	PLM	PLM
4th	PLM	PLM	PLM	PLM	PLM	PLM	PLM	PLM	PLM	PLM	PLM	PLM
5th	PLM	PLM	PLM	PLM	PLM	PLM	PLM	PLM	PLM	PLM	PLM	PLM
6th	PLM	PLM	PLM	PLM	PLM	PLM	PLM	PLM	PLM	PLM	PLM	PLM
7th	PLM	PLM	PLM	PLM	PLM	PLM	PLM	PLM	PLM	PLM	PLM	PLM
8th	PLM	PLM	PLM	PLM	PLM	PLM	PLM	PLM	PLM	PLM	PLM	PLM
9th	PLM	PLM	PLM	PLM	PLM	PLM	PLM	PLM	PLM	PLM	PLM	PLM
10th	PLM	PLM	PLM	PLM	PLM	PLM	PLM	PLM	PLM	PLM	PLM	PLM
11th	PLM	PLM	PLM	PLM	PLM	PLM	PLM	PLM	PLM	PLM	PLM	PLM
12th	PLM	PLM	PLM	PLM	PLM	PLM	PLM	PLM	PLM	PLM	PLM	PLM

**IN CASE OF EMERGENCY, PLS. NOTIFY**

Name: **LLANIE L. PASADILLA**  
Address: **BLDG. 26 UNIT 120 KATUPARAN VITAS TONDO  
MANILA**  
Contact No: **9981773295**

THIS CARD IS NON-TRANSFERABLE AND  
VALID ONLY FOR THE SEMESTER/TRIMESTER  
LAST INITIALED. LOSS OF THIS CARD SHOULD  
BE REPORTED IMMEDIATELY TO THE:

**OFFICE OF THE UNIVERSITY REGISTRAR**  
PAMANTASAN NG LUNGSOD NG MAYNILA  
INTRAMUROS, MANILA  
643-2500 Loc. 67

*Emmanuel A. Leyco*  
EMMANUEL A. LEYCO  
University President

*Catherine L. Pasadilla*  
Student Signature

