

General Fund

ORDER OF PAYMENT

The Collecting Officer

Please issue **Official Receipt** in favor of

KLINISCHE MAGLASANG

(Name of Payor)

Bon Bon Catarman Liloan

(Address/Office of Payor)

in the amount of

FIFTY PESOS AND ZERO CENTS

PHP 50.00

for the payment of

A - Examination Fee

(Purpose)

per Statement of Account No.

61-2025-08-0598

dated

20/08/2025

Please deposit the collections under Bank Account/s:

No.

3402-2642-40

0152-1001-75

Name of Bank

Land Bank of the Philippines

Land Bank of the Philippines

PHP

PHP

PHP

Amount

50.00

0.00

50.00

TOTAL

|         |        |
|---------|--------|
| No.     |        |
| AMOUNT: | P50.00 |
| Date:   |        |
| By:     |        |

Janet Toroy  
ACCOUNTANT II