NATIONAL TELECOMMUNICATIONS COMMISSION

Statement of Account CHONG HUA HOSPITAL

To: The Accountant:	MANDA	AUE AND CANCER CENTER	No: (RC Code - Year of Issue- Mo Series of the RC)			
Please issue Order of Payment in favor of for payment of the fees indicated below: 1	NEW MOD REN DUP OTHERS	□ co ▽ cv □ ms	Date: MA ROC OTHERS	August 13 2025		

		Particular: 7PCV02160-25		Particular:		Particular:								
Code	Description	AUG 13, 2025 to Period Covered: AUG 12, 2026			Period Covered:			Period Covered:				SUB-		
		No. of Years	%	No. of Units	Fees	No. of Years	%	No. of Units	Fees	No. of Years	%	No. of Units	Fees	TOTAL
	FOR LICENSES													
4-02-01-010	Permit to Purchase													0.00
4-02-01-130	Filing Fee													0.00
4-02-01-010	Permit to Possess/Storage													0.00
4-02-01-010	Construction Permit Fee													0.00
4-02-01-060	Radio Station License													1,440.0
4-02-01-100	Inspection Fee													1,440.0
4-02-01-080	Spectrum User's Fee (SUF)													96.00
	Fines/Penalties/Surcharges													0.00
4-02-01-140	Radio Station License Spectrum User's Fee (SUF)													
4 02 01 140	FOR PERMITS													
4-02-01-010	Permit Fees													0.00
	Inspection Fee													0.00
4-02-01-130														0.00
	Fines/Penalties/Surcharges													0.00
	AMATEUR AND ROC													
4-02-01-060	Radio Station License													0.00
4-02-01-060	Radio operator's Cert													0.00
4-02-01-130	Application Fee													0.00
4-02-01-040	Seminar Fee													0.00
	Fines/Penalties/Surcharges/													0.00
4-02-01-140	Radio Station License Radio Operator's Cert.													
	Permit to Purchase													0.00
	THER APPLICATION													1 0.00
4-02-01-020	Registration Fee													0.00
	Supervision & Regulation													0.00
4-02-01-070	Fee													ļ
4-02-01-040	Verification/Authentication													0.00
4-02-01-030	Examination Fee													0.00
	Clearance/Certification Fee													0.00
4-02-01-060		\vdash						1				1		0.00
4-02-01-000	Miscellaneous Income (DUPLICATE)													0.00
4-02-01-390	Documentary Stamp Tax							1				1		30.00
4-02-01-010														00.0
Others														0.00
	TOTAL			_		I _								3,006.0

REMARK/S

1. Payment should be made in CASH, MANAGER'S/CASHIER'S CHECK. DEMAND DRAFT Payable to NTC-VII FAO BUREAU OF TREASURY

Endorsed for Payment

			PREPARED BY:	APPROVED BY:
		No.	//	H102 1
O.R.		AMOUNT:	fully.	VTHant.
	O.R.		RINDLEY REGINIO	FELIPE GUMALO
		Date:		ENGINEER V
		Bv:		LINGINELITY

For Assessment only