NATIONAL TELECOMMUNICATIONS COMMISSION Statement of Account

To: The Accountant: No: (RC Code - Year of Issue- Mo												o Series	of the R	C)
Please issue Order of Payment in favor of for payment of the fees indicated below:											Date:			
		NEW MOD REN DUP OTHERS				CO CV MS				MA ROC OTHERS				
		Particula	ar-			Particular:				Particular:				1
										Period Covered:				
Code Description		Period Covered: 1 Year				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														0.00
4-02-01-010	Construction Permit Fee													0.00
4-02-01-060	Radio Station License													0.00
4-02-01-100	Inspection Fee													0.00
4-02-01-080	Spectrum User's Fee (SUF)													0.00
	Fines/Penalties/Surcharges Radio Station License													0.00
4-02-01-140	Spectrum User's Fee (SUF)													
	FOR PERMITS													
4-02-01-010	Permit Fees													0.00
	Inspection Fee													0.00
	Fillling fee													0.00
4-02-01-140														0.00
	AMATEUR AND ROC					1								
4-02-01-060	Radio Station License													0.00
	Radio operator's Cert													60.00
	Application Fee													
1	Seminar Fee													
	Fines/Penalties/Surcharges/													0.00
	Radio Station License Radio													
4-02-01-140 4-02-01-080														0.00
	HER APPLICATION	<u> </u>				 			1					0.00
—	Registration Fee													0.00
4-02-01-020	Supervision & Regulation													0.00
4-02-01-070	Fee													
4-02-01-040	Verification/Authentication													0.00
4-02-01-030	Examination Fee													0.00
4-02-01-040	Clearance/Certification Fee													0.00
4-02-01-060	Modification Fee													0.00
	Miscellaneous Income													0.00
4-02-01-990	(DUPLICATE) Documentary Stamp Tax													30.00
4-02-01-010	(DST)													
	Others (ADMIN FINES)					-								90.00
	TOTAL	Notes	To bo .	anid on or	hoforo			TO	DAY	o thomasic	o subissi	1 40 40000		90.00
Note: To be paid on or before														
REMARK/S	<u> </u>													
Use additional sheets, if necessary to show detailed computation														
	should be made in CASH, MA					AND DRA	FT Pava	ble to N	TC-13 FA) BUREAU	OF TRF	SURY.		
	FTACH 1x1 ID PICTURE UPON								/			,		
Oc A	LIST OF NAMES:			/ 10										
DI FASE SE	E ATTACHED NAMES AT 1	THE BAC	ĸ											

PREPARED BY: APPROVED BY: