## NATIONAL TELECOMMUNICATIONS COMMISSION Statement of Account

				Edic	ca la	lina I al	orada								
To: The Acc		Edissa Jolina Labrada									No:				
									(RC Cod	e - Year of	Issue- N	1o Series	of the R	C)	
Please issue	Order of Payment in favor of	of													
for payment of the fees indicated below: Date:											_				
		NEW		MOD				со			MA				
		REN		DUP				CV			ROC				
	_	_		OTHERS				MS			OTHERS	S			
		Particul	Particular:			Particular:				Particula	Particular:				
Code Description		Period Covered: 1 Year				Period Covered:				Period Covered:				SUB-	
		No. of	%	No. of	Fees	No. of	%	No. of	Fees	No. of	%	No. of	Fees	TOTAL	
		Years	/0	Units	1003	Years	70	Units	1003	Years	/0	Units	1003	1	
	FOR LICENSES	1										-		100.00	
4-02-01-010		-	_									-		100.00	
4-02-01-130			-									+		0.00	
4-02-01-010 4-02-01-010														0.00	
4-02-01-010	Construction Permit Fee Radio Station License	-												0.00	
4-02-01-100		-												0.00	
4-02-01-080														0.00	
	Fines/Penalties/Surcharges													0.00	
4-02-01-140	Radio Station License Spectrum User's Fee (SUF)														
4-02-01-140	FOR PERMITS		<u> </u>												
4-02-01-010	Permit Fees											-		0.00	
	Inspection Fee													0.00	
	Fillling fee													0.00	
4-02-01-140	Fines/Penalties/Surcharges													0.00	
FOR	AMATEUR AND ROC														
4-02-01-060	Radio Station License											$\vdash$		0.00	
	Radio operator's Cert	-												0.00	
	Application Fee	-												0.00	
4-02-01-040	Seminar Fee Fines/Penalties/Surcharges/	-		-								+		0.00	
	Radio Station License Radio													0.00	
4-02-01-140												-			
4-02-01-080	Permit to Purchase THER APPLICATION	1	_			_								0.00	
		1	1	-		<del>                                     </del>						+		0.00	
4-02-01-020	Registration Fee Supervision & Regulation													0.00	
4-02-01-070	Fee													0.00	
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														0.00	
4-02-01-990	Miscellaneous Income (DUPLICATE)													0.00	
	Documentary Stamp Tax													30.00	
4-02-01-010												-		0.00	
	Others (ADMIN FINES) TOTAL	-												130.00	
	TOTAL	Note:	To bo	paid on or	hoforo	I		TO	DAY	othorwic	o cubioc	t to reasse	occmont	130.00	
		Note:	וט טפ	paiu dii dr	perore				_,	_ otherwis	ic subjec	i to reasse	JIIBIIICC		
			For	r Assessm	ent only	,				Fr	ndorsed t	for Payme	ent		
REMARK/S					,							.,			
	ional sheets, if necessary to	show det	tailed co	mputatio	n										
2. Payment	should be made in CASH, M.	ANAGER'	S/CASHI	ER's CHEC	K. DEM	AND DRA	FT Paya	ble to N	TC-13 FA	O BUREAU	OF TREA	ASURY,			
3. PLEASE ATTACH 1x1 ID PICTURE UPON APPLICATION FOR NEW/RENEWAL															

LIST OF NAMES:

PLEASE SEE ATTACHED NAMES AT THE BACK

PREPARED BY:	APPROVED BY: