

General Fund

ORDER OF PAYMENT

The Collecting Officer

Please issue **Official Receipt** in favor of **EMMANUEL LAPASARAN YLAYA**
(Name of Payor)

Baby Breath Colon City Of Naga
(Address/Office of Payor)

in the amount of **TWO HUNDRED AND TEN PESOS AND ZERO CENTS** PHP **210.00**
for the payment of **RROCFLMS (R) - Certificate Fee, Documentary Stamp Tax, Surcharge**

per *(Purpose)* **Statement of Account No.** dated **19/08/2025**

Please deposit the collections under Bank Account/s:

<u>No.</u>	<u>Name of Bank</u>	<u>Amount</u>
3402-2642-40	Land Bank of the Philippines	180.00
0152-1001-75	Land Bank of the Philippines	30.00
TOTAL		210.00

O.R.	No.	P210.00
	AMOUNT:	
	Date:	
	By:	