NATIONAL TELECO	OMMUNICATIONS COMMISSION	Serial No. :		
Reg	Regional Office No. X		Sep 26, 2024	
General Fund				
	ORDER OF PAYME	NT		
The Collecting Officer				
Please issue Official Receipt in fav	or of EDISSA JOLINA AMANTE LABR	RADA		
-		(Name of Payor)		
Sto Nino, MANOLO FORTICH				
	(Address/Office of Payor)			
in the amount of FIFTY PESOS AND	ZERO CENTS		PHP 50	
for the payment of				
	(Purpose)			
per Statement of Account No.		dated		
Please deposit the collections under Bank Accor	unt/s:			
No.	Name of Bank		Amount	
<u> </u>		PHP		
		PHP		
TOTAL		PHP		
	= 1			
Acc	countant Edge			

	NATIONAL TELECOMMUNICATIONS COMMISSION		Serial No. :		
	Regional Office No. X		Date:	Sep 26, 2024	
General Fund The Collecting Office	cer		ORDER OF PAYMEN	УT	
Please i	ssue Official Re	eceipt in favor of	EDISSA JOLINA AMANTE LABRA	ADA	
		•		(Name of Payor)	
Sto Nino, MAN	NOLO FORT	TCH			
			(Address/Office of Payor)		
in the amount of	FIFTY PES	OS AND ZERO CE	ENTS		PHP 50
for the payment of					
			(Purpose)		
per Statement of Ac	count No.		(1 urpose)	dated	
	_				
Please deposit the co	llections under	Bank Account/s:			
<u>No.</u>			Name of Bank		<u>Amount</u>
				PHP	
				PHP	
TOTAL				PHP	
		Accounta	nt Edge		

N	ATIONAL	TELECOMMUNIC	CATIONS COMMISSION	Serial No. :	
	Regional Office No. X		Date:	Sep 26, 2024	
General Fund					
			ORDER OF PAYMEN	NT	
The Collecting Officer					
Please issue	Official Rec	eipt in favor of	EDISSA JOLINA AMANTE LAB		
				(Name of Payor)	
Sto Nino, MAN	IOLO FOR	TICH			
			(Address/Office of Payor)		
in the amount of	FIFTY PE	SOS AND ZERO (CENTS		PHP 50
for the payment of					
			(Purpose)		
per Statement of Account No.			dated		
Please deposit the collec	tions under B	ank Account/s:			
No.			Name of Bank		Amount
				PHP	
		-		PHP	
TOTAL		-		PHP	
		Accounts	ant Edge		
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NA	TIONAL TELECOMMUNI	CATIONS COMMISSION	Serial No. :	
	Regional Office No. X		Date:	Sep 26, 2024
General Fund				
General Fund		ODDED OF DAVIMENT	Б	
		ORDER OF PAYMEN	l	
he Collecting Officer				
Please issue O	fficial Receipt in favor of	EDISSA JOLINA AMANTE LABRA	Δ D Δ	
i icase issue O	incial Receipt in lavor of	EBIOGA OCEINA AINIAITE EABIO	(Name of Payor)	
Sto Nino, MANO	O FORTICH		(Ivame of Tayor)	
Oto Mino, Mina	<u> </u>	(Address/Office of Payor)		
the amount of F	FTY PESOS AND ZERO C			PHP 50
r the payment of		-		
		(Purpose)		
er Statement of Account	No.		dated	
ease deposit the collection	ns under Bank Account/s:			
No.		Name of Bank		<u>Amount</u>
			PHP	
			PHP	
OTAL			PHP	