

General Fund

ORDER OF PAYMENT

The Collecting Officer

Please issue **Official Receipt** in favor of **GRECHELLE MAE SUNGAHID ALINDAJAO**
(Name of Payor)

Cambaro Mandaue City
(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 **Statement of Account No.** (Purpose) dated **16/09/2025**

Please deposit the collections under Bank Account/s:

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

No.	
AMOUNT:	P210.00
Date:	
By:	