

General Fund

ORDER OF PAYMENT

The Collecting Officer

Please issue **Official Receipt** in favor of

KLINISCHE MAGLASANG

(Name of Payor)

Bon Bon Catarman Liloan

(Address/Office of Payor)

in the amount of ONE HUNDRED AND FORTY PESOS AND ZERO CENTS PHP 140.00  
for the payment of ARSL (M) - Modification Fee, Filing Fee, Documentary Stamp Tax

(Purpose)

per Statement of Account No. dated 20/08/2025

Please deposit the collections under Bank Account/s:

No.	Name of Bank	Amount
3402-2642-40	Land Bank of the Philippines	110.00
0152-1001-75	Land Bank of the Philippines	30.00
TOTAL		140.00

No.	
AMOUNT:	P140.00
Date:	
By:	