NATIONAL TELECOMMUNICATIONS COMMISSION

Statement of Account

CHONG HUA HOSPITAL MANDAUE AND CANCER

To: The Accountant:

Others

TOTAL

61-2025-08-0361

0.00

7,996.00

08/13/2025 otherwise subject to reassessment

No:

					CE	NTER			(RC Cod	e - Year of	Issue- N	1o Series	of the R	C)
Please issue Order of Payment in favor of for payment of the fees indicated below: Date: August 13 2025														
tor payment	or the rees managed below	I new		1мор							MA			-
		=	F] DUP			H	CO CV		H	ROC			
	_	7 IVEIA	F	OTHERS			Ħ	MS		H		S		
			_	JOILERS				IVIS		ш	OTTLENS	,		-
		Particula	r: 7P	CV021	61-25	Particula	ar:			Particula	r:			
١.,	Description	AUG 13, 2025 to Period Covered: AUG 12, 2026			Period Covered:			Period Covered:			1			
Code		No. of		No of		No of No of				No. of		No. of		SUB- TOTAL
		Years	%	Units	Fees	Years	%	Units	Fees	Years	%	Units	Fees	IOIAL
	FOR LICENSES													
4-02-01-010	Permit to Purchase													0.00
4-02-01-130	Filing Fee													0.00
4-02-01-010														0.00
4-02-01-010	Construction Permit Fee													0.00
4-02-01-060	Radio Station License													3,840.00
4-02-01-100												\perp		3,840.00
4-02-01-080														256.00
	Fines/Penalties/Surcharges Radio Station License													0.00
4-02-01-140														
	FOR PERMITS													
4-02-01-010	Permit Fees													0.00
4-02-01-100	Inspection Fee											\perp		0.00
4-02-01-130	Filing fee											\perp		0.00
4-02-01-140		<u> </u>										+		0.00
	AMATEUR AND ROC	+				_						+-		0.00
4-02-01-060												+		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
	Operator's Cert.											\perp		
	Permit to Purchase THER APPLICATION	+				-						+-		0.00
		1										+-		0.00
4-02-01-020	Registration Fee Supervision & Regulation	-				-						+		0.00
4-02-01-070														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				<u> </u>							\perp		0.00
4-02-01-060	Modification Fee													0.00
4-02-01-990	Miscellaneous Income (DUPLICATE)													0.00
1	Documentary Stamp Tax	1										_		60.00
4-02-01-010														

For Assessment only	Endorsed for Payment
REMARK/S	PRACT R NTO WEST RUBERU OF TREADURY
 Payment should be made in CASH, MANAGER'S/CASHIER's CHECK. DEMAND 	DRAFT Payable to NTC-VILEAO BUREAU OF TREASURY

Note: To be paid on or before

		PREPARED BY:	APPROVED BY:
	No.	Au -	lHa a I
O.R.	AMOUNT:	MT.	VTIKENT.
	AUTOUNT.	KARL LOUIS INTINO	FELIPE GUMALO
	Date:	ENGINEER I	ENGINEER V
	By:	LINGINEER	LINGINELIX