

NATIONAL TELECOMMUNICATIONS COMMISSION
Statement of Account
Edissa Jolina Amante

To: The Accountant:

No: _____
(RC Code - Year of Issue- Mo.- Series of the RC)

Please issue Order of Payment in favor of
for payment of the fees indicated below:

Date: _____

☐ NEW☐ MOD☐ CO☐ MA

☐ REN☐ DUP☐ CV☐ ROC

☐ OTHERS _____☐ MS☐ OTHERS _____

Code	Description	Particular: TEMP-ROX-01071-25				Particular:				Particular:				SUB-TOTAL
		Period Covered: JUL 25, 2025 to JUL 24, 2026				Period Covered:				Period Covered:				
		No. of Years	%	No. of Units	Fees	No. of Years	%	No. of Units	Fees	No. of Years	%	No. of Units	Fees	
FOR LICENSES														
4-02-01-010	Permit to Purchase													0.00
4-02-01-130	Filing Fee													0
4-02-01-010	Permit to Possess/Storage													0.00
4-02-01-010	Construction Permit Fee													0.00
4-02-01-060	Radio Station License													0.00
4-02-01-100	Inspection Fee													0.00
4-02-01-080	Spectrum User's Fee (SUF)													0.00
	Fines/Penalties/Surcharges													0.00
4-02-01-140	Radio Station License													0.00
	Spectrum User's Fee (SUF)													0.00
FOR PERMITS														
4-02-01-010	Permit Fees													0.00
4-02-01-100	Inspection Fee													0.00
4-02-01-130	Filling fee													0
4-02-01-140	Fines/Penalties/Surcharges													0.00
FOR AMATEUR AND ROC														
4-02-01-060	Radio Station License													0.00
4-02-01-060	Radio operator's Cert													0.00
4-02-01-130	Application Fee													
4-02-01-040	Seminar Fee													
	Fines/Penalties/Surcharges/													0.00
	Radio Station License Radio													
4-02-01-140	Operator's Cert.													
4-02-01-080	Permit to Purchase													0.00
OTHER APPLICATION														
4-02-01-020	Registration Fee													0.00
	Supervision & Regulation													0.00
4-02-01-070	Fee													
4-02-01-040	Verification/Authentication													0.00
4-02-01-030	Examination Fee													50.00
4-02-01-040	Clearance/Certification Fee													0.00
4-02-01-060	Modification Fee													0.00
	Miscellaneous Income													0.00
4-02-01-990	(DUPLICATE)													0.00
	Documentary Stamp Tax													0.00
4-02-01-010	(DST)													0.00
	Others													0.00
TOTAL														50.00

Note: To be paid on or before 07/31/2025 otherwise subject to reassessment

☐ For Assessment only

☐ Endorsed for Payment

REMARK/S

1. Payment should be made in CASH, MANAGER'S/CASHII

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

PREPARED BY:

EDWARD LORILLA

Engineer 1

APPROVED BY: _____