

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 **FIFTY PESOS AND ZERO CENTS** PHP **50.00**
for the payment of **A - Examination Fee**

(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	50.00
0152-1001-75	Land Bank of the Philippines	0.00
TOTAL		PHP 50.00

No.	
AMOUNT:	P50.00
Date:	
By:	