

|  |   |                           |        |
|--|---|---------------------------|--------|
| NATIONAL TELECOMMUNICATIONS COMMISSION               |   | Serial No. :              |        |
| Regional Office No. X                                |   | Date : Sep 25, 2024       |        |
| General Fund   |   |                           |        |
| ORDER OF PAYMENT                                     |   |                           |        |
| The Collecting Officer                               |   |                           |        |
| Please issue Official Receipt in favor of            |   | EDWARD                    |        |
|  |   | (Name of Payor)           |        |
| 88 celica st vara, BALANGIGA                         |   |                           |        |
|  |   | (Address/Office of Payor) |        |
| in the amount of                                     | FOUR THOUSAND AND THIRTY PESOS AND ZERO CENTS | PHP                       | 4030   |
| for the payment of                                   |   |                           |        |
|  |   |                           |        |
| (Purpose)  |   |                           |        |
| per Statement of Account No.                         |   | dated                     |        |
| Please deposit the collections under Bank Account/s: |   |                           |        |
| No.  | Name of Bank                                  | PHP                       | Amount |
|  |   | PHP                       |        |
| TOTAL  |   | PHP                       |        |
| Accountant Edge                                      |   |                           |        |

|  |   |                           |        |
|--|---|---------------------------|--------|
| NATIONAL TELECOMMUNICATIONS COMMISSION               |   | Serial No. :              |        |
| Regional Office No. X                                |   | Date : Sep 25, 2024       |        |
| General Fund   |   |                           |        |
| ORDER OF PAYMENT                                     |   |                           |        |
| The Collecting Officer                               |   |                           |        |
| Please issue Official Receipt in favor of            |   | EDWARD                    |        |
|  |   | (Name of Payor)           |        |
| 88 celica st vara, BALANGIGA                         |   |                           |        |
|  |   | (Address/Office of Payor) |        |
| in the amount of                                     | FOUR THOUSAND AND THIRTY PESOS AND ZERO CENTS | PHP                       | 4030   |
| for the payment of                                   |   |                           |        |
|  |   |                           |        |
| (Purpose)  |   |                           |        |
| per Statement of Account No.                         |   | dated                     |        |
| Please deposit the collections under Bank Account/s: |   |                           |        |
| No.  | Name of Bank                                  | PHP                       | Amount |
|  |   | PHP                       |        |
| TOTAL  |   | PHP                       |        |
| Accountant Edge                                      |   |                           |        |

|  |   |                           |        |
|--|---|---------------------------|--------|
| NATIONAL TELECOMMUNICATIONS COMMISSION               |   | Serial No. :              |        |
| Regional Office No. X                                |   | Date : Sep 25, 2024       |        |
| General Fund   |   |                           |        |
| ORDER OF PAYMENT                                     |   |                           |        |
| The Collecting Officer                               |   |                           |        |
| Please issue Official Receipt in favor of            |   | EDWARD                    |        |
|  |   | (Name of Payor)           |        |
| 88 celica st vara, BALANGIGA                         |   |                           |        |
|  |   | (Address/Office of Payor) |        |
| in the amount of                                     | FOUR THOUSAND AND THIRTY PESOS AND ZERO CENTS | PHP                       | 4030   |
| for the payment of                                   |   |                           |        |
|  |   |                           |        |
| (Purpose)  |   |                           |        |
| per Statement of Account No.                         |   | dated                     |        |
| Please deposit the collections under Bank Account/s: |   |                           |        |
| No.  | Name of Bank                                  | PHP                       | Amount |
|  |   | PHP                       |        |
| TOTAL  |   | PHP                       |        |
| Accountant Edge                                      |   |                           |        |

|  |   |                           |        |
|--|---|---------------------------|--------|
| NATIONAL TELECOMMUNICATIONS COMMISSION               |   | Serial No. :              |        |
| Regional Office No. X                                |   | Date : Sep 25, 2024       |        |
| General Fund   |   |                           |        |
| ORDER OF PAYMENT                                     |   |                           |        |
| The Collecting Officer                               |   |                           |        |
| Please issue Official Receipt in favor of            |   | EDWARD                    |        |
|  |   | (Name of Payor)           |        |
| 88 celica st vara, BALANGIGA                         |   |                           |        |
|  |   | (Address/Office of Payor) |        |
| in the amount of                                     | FOUR THOUSAND AND THIRTY PESOS AND ZERO CENTS | PHP                       | 4030   |
| for the payment of                                   |   |                           |        |
|  |   |                           |        |
| (Purpose)  |   |                           |        |
| per Statement of Account No.                         |   | dated                     |        |
| Please deposit the collections under Bank Account/s: |   |                           |        |
| No.  | Name of Bank                                  | PHP                       | Amount |
|  |   | PHP                       |        |
| TOTAL  |   | PHP                       |        |
| Accountant Edge                                      |   |                           |        |