NATIONAL TELECOMMUN	ICATIONS COMMISSION	Serial No. :	
Regional Of	ffice No. XIII	Date :	Mar 22, 2025
General Fund			
General Fund	ODDED OF BANME	N.T.	
	ORDER OF PAYME	AN I	
The Collecting Officer			
	•		
Please issue Official Receipt in favor of	A	ar cn	
a a, BUENAVISTA		(Name of Payor)	
a a, BOLINAVISTA	(Address/Office of Payor)		
in the amount of NINE HUNDRED AND NINE	TY PESOS AND ZERO CENTS		PHP 990
for the payment of			1111 000
	(Purpose)		
per Statement of Account No.		dated	
Please deposit the collections under Bank Account/s:			
<u>No.</u>	Name of Bank		<u>Amount</u>
		PHP	
		PHP	
TOTAL		PHP	
	April Christian Suma	ringe	
	April Chilistian Suma	IIIIas	

Ī	NATIONAL TELECOMMUNI	CATIONS COMMISSION	Serial No. :	
	Regional Of	fice No. XIII	Date:	Mar 22, 2025
General Fund The Collecting Office	r	ORDER OF PAYMEN	Г	
Please iss	ue Official Receipt in favor of	A		
			(Name of Payor)	
a a, BUENAVIS	ГА			
	NINE HUNDDED AND MINET	(Address/Office of Payor)		
	NINE HUNDRED AND NINE I	Y PESOS AND ZERO CENTS		PHP 990
for the payment of				
		(Purpose)		
per Statement of Acco	ount No.	(F)	dated	
Please deposit the colle	ections under Bank Account/s:			
No.		Name of Bank		<u>Amount</u>
			PHP	
		-	PHP	
TOTAL			PHP	
		April Christian Sumarin	nas	

NATIONAL TELECOMMUNICATIONS COMMISSION		Serial No. :		
	Regional Of	fice No. XIII	Date:	Mar 22, 2025
General Fund				
		ORDER OF PAYM	ENT	
The Collecting Officer				
Please issue O	fficial Receipt in favor of	Α		
			(Name of Payor)	
a a, BUENAVIST	A			
		(Address/Office of Payor	·)	
in the amount of	INE HUNDRED AND NIN	ETY PESOS AND ZERO CENTS		PHP 990
for the payment of				
		(Purpose)		
per Statement of Account	No.		dated	
Please deposit the collectio	ns under Bank Account/s:			
No.		Name of Bank		Amount
_			PHP	<u> </u>
			PHP	
TOTAL			PHP	
		April Christian Sun	narinas	

ľ	NATIONAL TELECOMMUN	ICATIONS COMMISSION	Serial No. :	
	Regional O	ffice No. XIII	Date :	Mar 22, 2025
General Fund The Collecting Officer		ORDER OF PAYMEN	NT	
Please issue	e Official Receipt in favor of	Α	AV CD	
a a, BUENAVIS	STA		(Name of Payor)	
n the amount of for the payment of		(Address/Office of Payor) ETY PESOS AND ZERO CENTS		PHP 990
		(Purpose)		
er Statement of Accou	nt No.	(1 arpose)	dated	
Please deposit the collect No.	ctions under Bank Account/s:	Name of Bank	РНР	Amount
TOTAL			PHP PHP	
		April Christian Suma	rinas	