

General Fund

ORDER OF PAYMENT

The Collecting Officer

Please issue **Official Receipt** in favor of EMMANUEL LAPASARAN YLAYA  
(Name of Payor)

Baby Breath Colon City Of Naga  
(Address/Office of Payor)

in the amount of TWO HUNDRED AND TEN PESOS AND ZERO CENTS PHP 210.00  
for the payment of RROCFLMS (R) - Certificate Fee, Documentary Stamp Tax, Surcharge

per Statement of Account No. 61-2025-08-0554 dated 19/08/2025  
(Purpose)

Please deposit the collections under Bank Account/s:

No.	Name of Bank	Amount
3402-2642-40	Land Bank of the Philippines	180.00
0152-1001-75	Land Bank of the Philippines	30.00
TOTAL		210.00

No.	
AMOUNT:	P210.00
Date:	
By:	

Caroline Bautista  
CHIEF ADMINISTRATIVE OFFICER