NATIONAL TELECOMMUNICATIONS COMMISSION Statement of Account

To: The Accountant: (RC Code - Year of											No: Issue- N	lo Series	of the R	C)
Please issue Order of Payment in favor of for payment of the fees indicated below: Date:														
. ,	_	NEW REN		MOD DUP OTHERS				CO CV MS			MA ROC OTHERS	-		-
		Particular:				Particular:				Particular:				
	Description			1 Voor		Period Covered:				Period Covered:				1
Code		Period Covered: 1 Year								No. of No. of				SUB-
		No. of Years	%	No. of Units	Fees	No. of Years	%	No. of Units	Fees	Years	%	Units	Fees	TOTAL
	FOR LICENSES													İ
4-02-01-010	Permit to Purchase													0.00
4-02-01-130	Filing Fee													0.00
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 Radio Station License													0.00
4-02-01-140	Spectrum User's Fee (SUF)									ļ				
	FOR PERMITS					-				ļ				
	Permit Fees					-				-				0.00
	Inspection Fee					-						-		0.00
	Fillling fee	-				-								0.00
4-02-01-140 Fines/Penalties/Surcharges FOR AMATEUR AND ROC						-								0.00
4-02-01-060	Radio Station License					 						1		0.00
	Radio operator's Cert													0.00
4-02-01-130	Application Fee													0.00
4-02-01-040														
	Radio Station License Radio													0.00
4-02-01-140 4-02-01-080	Operator's Cert. Permit to Purchase													0.00
	HER APPLICATION													0.00
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					-				-		-		60.00
4-02-01-040	Clearance/Certification Fee											-		0.00
4-02-01-060	Modification Fee Miscellaneous Income	-				-								0.00
4-02-01-990	(DUPLICATE)													
4-02-01-010	Documentary Stamp Tax (DST)													0.00
	Others (ADMIN FINES)													60
	TOTAL													0.00
Note: To be paid on or before TODAY otherwise subject to reas												t to reass	essment	
For Assessment only Endorsed for Paymer											ent			
	onal sheets, if necessary to	show det	ailed co	mputatio	n									
	should be made in CASH, MA					AND DRA	FT Paya	ble to NT	TC-13 FA	O BUREAU	OF TREA	SURY,		
	TACH 1x1 ID PICTURE UPON						,							
	LIST OF NAMES:													
PLEASE SE	E ATTACHED NAMES AT 1	THE BAC	K											

APPROVED BY:

PREPARED BY: