NATIONAL TELECOMMUNICATIONS COMMISSION Statement of Account

To: The Accountant:				Provincial Disaster Risk Reduction and Management Office - Surigao del Sur					No:					
	Order of Payment in favor										Date:			_
	ſ	✓ NEW	Г	Тмор				со			MA			
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☐ REN			F	OTHERS			∏ MS			OTHERS				
			_	JOHERS			. ⊔	IVIS		ш	OTTIEK.	'——		
		Particul	Particular:			Particular:			Particular:					
		Davie d C		arad: 2 Vooro			Period Covered:			Period Covered:				
code Description		od Covered: 3 Years								No of No of				
		No. of Years	%	No. of Units	Fees	No. of Years	%	No. of Units	Fees	No. of Years	%	No. of Units	Fees	TOTAL
	FOR LICENSES	Tears		Units		Teals		UIIILS		rears		Units		
4-02-01-010	Permit to Purchase	1										_		0.00
4-02-01-010						_						_		0.00
	Filing Fee Permit to Possess/Storage													0.00
4-02-01-010														0.00
4-02-01-060	Radio Station License													0.00
	Inspection Fee													0.00
	Spectrum User's Fee (SUF)													0.00
	Fines/Penalties/Surcharges													0.00
4-02-01-140	Radio Station License													
4-02-01-140	Spectrum User's Fee (SUF) FOR PERMITS	+												
4 02 04 040		+				 				1		+		0.00
4-02-01-010 4-02-01-100												_		0.00
						_						_		10.00
	Fillling fee Fines/Penalties/Surcharges													0.00
	AMATEUR AND ROC	`												0.00
	Radio Station License	1								1		1		0.00
	Radio operator's Cert													180.00
	Application Fee													
	Seminar Fee													
	Fines/Penalties/Surcharges	5/												0.00
4-02-01-140	Radio Station License Radio Operator's Cert.													
4-02-01-140	Permit to Purchase													0.00
	HER APPLICATION	1												
4-02-01-020	Registration Fee	İ								İ				0.00
	Supervision & Regulation													0.00
4-02-01-070										-				
	Verification/Authentication					-				<u> </u>		-		0.00
4-02-01-030				-		-				-		-		0.00
4-02-01-040				_						<u> </u>		+		0.00
4-02-01-060	Modification Fee Miscellaneous Income					-								0.00
4-02-01-990	(DUPLICATE)													0.00
	Documentary Stamp Tax													30.00
4-02-01-010										<u> </u>		-		20
	Others (ADMIN FINES) TOT													240.00
	10	Note:	To be	naid on or	hefore			06/05/2	2025	otherwis	e suhier	t to reass	essment	210.00
Note: To be paid on or before <u>06/05/2025</u> otherwise subject to reassessment														
	For Assessment only Endorsed for Payment													
REMARK/S			_							_				
1. Use addit	ional sheets, if necessary t	o show det	ailed co	mputatio	n									
2. Payment	should be made in CASH, I	MANAGER'	CASH	ER's CHEC	K. DEM	AND DRA	FT Paya	ble to N	TC-13 FA	O BUREAU	OF TRE	ASURY,		

3. PLEASE ATTACH 1x1 ID PICTURE UPON APPLICATION FOR NEW/RENEWAL

REPARED BY:		APPROVED BY:	
	Jegger Butaslac		