NATIONAL TELECOMMUNICATIONS COMMISSION Statement of Account

To: The Accountant: (RC Code - Year of											No: Issue- Mo Series of the RC)			
Please issue Order of Payment in favor of for payment of the fees indicated below:											Date:			_
		NEW MOD REN DUP OTHERS				CO CV MS				MA ROC OTHERS				-
		Particula	ar:			Particular:				Particula	r.			1
										-				-
Code	Description	Period Covered: 1 Year				Period Covered:				Period Covered:				SUB-
		No. of Years	%	No. of Units	Fees	No. of Years	%	No. of Units	Fees	No. of Years	%	No. of Units	Fees	TOTAL
	FOR LICENSES													
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													0.00
4-02-01-140	Radio Station License Spectrum User's Fee (SUF)													
	FOR PERMITS													
4-02-01-010														0.00
	Inspection Fee													0.00
	Fillling fee													0.00
4-02-01-140	Fines/Penalties/Surcharges													0.00
	AMATEUR AND ROC													
4-02-01-060	Radio Station License													0.00
	Radio operator's Cert													0.00
	Application Fee													
	Seminar Fee													
	Fines/Penalties/Surcharges/													0.00
	Radio Station License Radio													
4-02-01-140	Operator's Cert. Permit to Purchase													0.00
	HER APPLICATION	<u> </u>				 			l 	 		+		0.00
—	Registration Fee					 				1		+		0.00
4-02-01-020	Supervision & Regulation									1		1		0.00
4-02-01-070	Fee													
4-02-01-040	Verification/Authentication													0.00
4-02-01-030	Examination Fee													50.00
4-02-01-040	Clearance/Certification Fee													0.00
4-02-01-060	Modification Fee													0.00
4 02 04 000	Miscellaneous Income													0.00
4-02-01-990	(DUPLICATE) Documentary Stamp Tax	 								†				0.00
4-02-01-010	(DST)													0.00
	Others (ADMIN FINES)													0.00
	TOTAL													50.00
		Note:	To be p	paid on or	before			TO	DAY	otherwis	se subjec	t to reass	essment	
For Assessment only								Endorsed for Payment						
REMARK/S														
Use additional sheets, if necessary to show detailed computation														
2. Payment should be made in CASH, MANAGER'S/CASHIER'S CHECK. DEMAND DRAFT Payable to NTC-13 FAO BUREAU OF TREASURY,														
3. PLEASE AT	TTACH 1x1 ID PICTURE UPON	APPLICA	TION F	OR NEW/R	ENEWA	\L								
	LIST OF NAMES:													
PLEASE SE	E ATTACHED NAMES AT 1	THE BAC	K											

APPROVED BY:

PREPARED BY: