

NATIONAL TELECOMMUNICATIONS COMMISSION
Statement of Account
Vilma Ibale

To: The Accountant: _____ No: _____
(RC Code - Year of Issue- Mo.- Series of the RC)

Please issue Order of Payment in favor of
for payment of the fees indicated below: _____
☒ NEW ☐ MOD ☐ CO ☐ MA
☐ REN ☐ DUP ☐ CV ☐ ROC
☐ OTHERS _____ ☐ MS ☐ OTHERS _____

Code	Description	Particular:				Particular:				Particular:				SUB-TOTAL
		Period Covered: JUL 30, 2025 to JUL 29, 2028				Period Covered:				Period Covered:				
		No. of Years	%	No. of Units	Fees	No. of Years	%	No. of Units	Fees	No. of Years	%	No. of Units	Fees	
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													0.00
	Spectrum User's Fee (SUF)													0.00
FOR PERMITS														
4-02-01-010	Permit Fees													0.00
4-02-01-100	Inspection Fee													0.00
4-02-01-130	Filling fee													0.00
4-02-01-140	Fines/Penalties/Surcharges													0.00
FOR AMATEUR AND ROC														
4-02-01-060	Radio Station License													0.00
4-02-01-060	Radio operator's Cert													180.00
4-02-01-130	Application Fee													
4-02-01-040	Seminar Fee													
	Fines/Penalties/Surcharges/													0.00
4-02-01-140	Radio Station License Radio													
4-02-01-140	Operator's Cert													
4-02-01-080	Permit to Purchase													0.00
OTHER APPLICATION														
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													0.00
4-02-01-040	Clearance/Certification Fee													0.00
4-02-01-060	Modification Fee													0.00
	Miscellaneous Income													0.00
4-02-01-990	(DUPLICATE)													
	Documentary Stamp Tax													30.00
4-02-01-010	(DST)													
	Others													360
TOTAL														570.00

Note: To be paid on or before 07/30/2025 otherwise subject to reassessment

REMARK/S ☐ For Assessment only ☐ Endorsed for Payment

1. Payment should be made in CASH, MANAGER'S/CASHII

O.R.	No.	
	AMOUNT:	
	Date:	
	By:	

PREPARED BY: 
RINDLEY REGINIO

APPROVED BY: 
FELIPE GUMALO
ENGINEER V