NATIONAL TELECOMMUNICATIONS COMMISSION Statement of Account

To: The Accountant: No: (RC Code - Year of Issue- Mo Ser										o Series	of the R	C)		
Please issue Order of Payment in favor of for payment of the fees indicated below: Date:														
		NEW		IMOD				60			MA			
					☐ co				ROC					
REN DUP					☐ cv				OTHERS					
				OTHERS			. ⊔	MS		ш	OTHERS			
Particular: TEMP-ROX-1263-25					Particular: Particular:									
l		Period Covered: 1 Year			Period Covered:				Period Covered:				i I	
Code Description		No of No of				No of No of			No. of No. of				SUB- TOTAL	
		Years	%	Units	Fees	Years	%	Units	Fees	Years	%	Units	Fees	IOIAL
	FOR LICENSES													i I
4-02-01-010	Permit to Purchase													0.00
4-02-01-130														0.00
	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														0.00
														0.00
4-02-01-000	Spectrum User's Fee (SUF) Fines/Penalties/Surcharges	 						ļ						0.00
	Radio Station License													0.00
4-02-01-140	Spectrum User's Fee (SUF)													
	FOR PERMITS													
4-02-01-010	Permit Fees													0.00
4-02-01-100	Inspection Fee													0.00
	Fillling fee													0.00
	Fines/Penalties/Surcharges													0.00
FOR	AMATEUR AND ROC													
4-02-01-060	Radio Station License													0.00
	Radio operator's Cert													0.00
	Application Fee													
4-02-01-040														
	Fines/Penalties/Surcharges/													0.00
	Radio Station License Radio													i I
4-02-01-140 4-02-01-080						_	_							0.00
	Permit to Purchase THER APPLICATION	-				_				1				0.00
		-				 				1				0.00
4-02-01-020	Registration Fee Supervision & Regulation									-				0.00
4-02-01-070	Fee Regulation													0.00
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													0.00
1 02 01 000	Miscellaneous Income													0.00
4-02-01-990	(DUPLICATE)													
l	Documentary Stamp Tax													0.00
4-02-01-010		 				 	_			-				30
	Others TOTAL													90.00
	IUIAL	None	To be a	-14	l f			06/09/2	2025	a tele a service				90.00
		Note:	lo be p	aid on or	before			06/09/2	2025	_otherwis	e subject	to reass	essment	
		For Assessment only Endorsed for Payment												
REMARK/S														
1. Use addit	ional sheets, if necessary to	show det	ailed co	mputation	า									
	should be made in CASH, MA						FT Paya	ble to N	ГС-13 FA	O BUREAU	OF TREA	SURY,		
3. PLEASE AT	TTACH 1x1 ID PICTURE UPON	I APPLICA	TION FO	OR NEW/R	ENEWA	.L								

PREPARED BY:		APPROV		
	Evaluator 10	_		