## NATIONAL TELECOMMUNICATIONS COMMISSION Statement of Account

To: The Accountant:  No:  (RC Code - Year of Issue- Mo Series of the RC)											C)			
	Order of Payment in favor o										Date:			_
		NEW REN		MOD DUP OTHERS				CO CV MS			MA ROC OTHERS	;		
Particular: TEMP-ROX-1263-25					Particular:				Particular:					
Code Description Period Cover			overed:	1 Year		Period Covered:				Period Covered:				
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	
	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
4-02-01-140	Fines/Penalties/Surcharges Radio Station License Spectrum User's Fee (SUF)													0.00
4-02-01-140	FOR PERMITS													
4-02-01-010														0.00
4-02-01-010	Permit Fees Inspection Fee					_								0.00
														0.00
	Fillling fee Fines/Penalties/Surcharges	<u> </u>				<b>-</b>								0.00
	AMATEUR AND ROC													0.00
4-02-01-060														0.00
	Radio operator's Cert													0.00
	Application Fee													0.00
4-02-01-130														
4-02-01-040	Seminar Fee Fines/Penalties/Surcharges/													0.00
	Radio Station License Radio													0.00
4-02-01-140														
4-02-01-080	Permit to Purchase	-				<u> </u>								0.00
	HER APPLICATION	-				-						-		
4-02-01-020	Registration Fee	-				-								0.00
4-02-01-070	Supervision & Regulation Fee													0.00
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
	Miscellaneous Income													0.00
4-02-01-990	(DUPLICATE)													
4-02-01-010	(DST)													0.00
	Others													0.00
	TOTAL					<u> </u>		00/00/	2025	L				50.00
Note: To be paid on or before 06/09/2025 otherwise subject to reassessment  For Assessment only Endorsed for Payment														
REMARK/S	REMARK/S													
1. Use additi	ional sheets, if necessary to	show det	ailed co	mputation	n									
	should be made in CASH, MA					AND DRA	FT Paya	ble to N	TC-13 FA	O BUREAU	OF TREA	ASURY,		
3. PLEASE ATTACH 1x1 ID PICTURE UPON APPLICATION FOR NEW/RENEWAL														

PREPARED BY:		AP	PROVED BY:	
JOI	EL SILADAN			