## NATIONAL TELECOMMUNICATIONS COMMISSION Statement of Account

JO HANNAH REYES

To: The Acc	countant:										No:			
									(RC Cod	e - Year of	Issue- N	lo Series	of the R	C)
Please issue	Order of Payment in favo	or of												
	of the fees indicated belo										Date:			_
		☐ NEW	г	Тмор				со			MA			
		✓ REN	F	] DUP			H	CV		H	ROC			
		T. INCIA	F	OTHERS			H	MS		H				
			_	JOHILLIO			. Ш	1413			OTTIERS			-
		Particu	lar: RL	MP-VII-00	053-25	Particul	ar:			Particula	r:			
	Period (	JUL 25, 2025 to Period Covered: JUL 24, 2028				Period Covered:				Period Covered:				
Code	Description	No. of	1	No. of	U20	No. of	I	No. of		No. of		No. of		SUB- TOTAL
		Years	%	Units	Fees	Years	%	Units	Fees	Years	%	Units	Fees	IOIAL
	FOR LICENSES													i l
4-02-01-010	Permit to Purchase													0.00
4-02-01-130														0.00
4-02-01-010														0.00
4-02-01-010														0.00
4-02-01-060	Radio Station License													0.00
4-02-01-100	Inspection Fee													0.00
4-02-01-080														0.00
	Fines/Penalties/Surcharge Radio Station License	es .												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/Surcharge	25	-			_				ļ				0.00
	AMATEUR AND ROC	-	+	-		_				<u> </u>		1		0.00
4-02-01-060				_								1		0.00 180.00
	Radio operator's Cert			1						<u> </u>				160.00
	Application Fee													<del>                                     </del>
4-02-01-040	Seminar Fee Fines/Penalties/Surcharge	es/												0.00
	Radio Station License Radi													
	Operator's Cert. Permit to Purchase			_		_				<u> </u>		1		0.00
	HER APPLICATION	+	+	<del>                                     </del>		<del>                                     </del>				1		1		0.00
						<del>                                     </del>				1		1		0.00
4-02-01-020	Registration Fee Supervision & Regulation													0.00
4-02-01-070	Fee													
	Verification/Authenticatio	ın												0.00
4-02-01-030			-	_								-		0.00
4-02-01-040	Clearance/Certification Fe		-	-			_			-		-		0.00
4-02-01-060	Modification Fee Miscellaneous Income													0.00
4-02-01-990										<u></u>				0.00
	Documentary Stamp Tax	- 1												30.00
4-02-01-010	(DST)		+	-		-				<u> </u>		1		30
	Others TO			1						<del>                                     </del>		1		240.00
	101	Note:	To be	paid on or	hefore			07/25/2	2025	otherwis	e subjec	t to reass	eccment	240.00
		NOCE.	10 00	paid on ti	SCIOIC			3.,20/2		_ Julier Wis	c subjec	0 1	Coonicile	
	For Assessment only Endorsed for Payment													
REMARK/S					,							.,		
1. Payment s	hould be made in CASH,	MANAGER'	S/CASHI	ER's CHEC	K. DEM.	AND DRA	FT Paya	ble to N	C-13 FA	O BUREAU	OF			
TREASURY														

			PREPARED BY:	APPROVED BY:
ſ		No.	ed.	lttac I
O.R.		AMOUNT:	for the second	VTHant.
		RINDLEYREGINIO	FELIPE GUMALO	
	Date:		ENGINEER V	
		Bv:		LITOINELITY