NAT	TONAL TELECOMMUN	ICATIONS COMMISSION	Serial No. :	
	Regional Office No. X		Date:	Mar 26, 2024
General Fund				
General Fund		ODDED OF DAVME	NIT	
		ORDER OF PAYME	N I	
The Collecting Officer				
n . o	eer tare to be	TIME FOMEDO		
Please issue O	fficial Receipt in favor of	TINE ESMERO	ar an	
DN DEleas Davieve		AN DE ODO	(Name of Payor)	
RIN. PElaez Bouleva	rd Kauswagan, CAGAY			
	O PESOS AND ZERO C	(Address/Office of Payor)		PHP 0
	O FESOS AND ZERO C	ENIS		PHP U
for the payment of				
		(Purpose)		
per Statement of Account	No.	(2	dated	
,			dated	
Please deposit the collectio	ns under Bank Account/s:			
No.		Name of Bank		Amount
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TOTAL			PHP	
	Accounta	ant Edge		
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N	ATIONAL TELECOMMUN	ICATIONS COMMISSION	Serial No. :	·
	Regional Office No. X		Date :	Mar 26, 2024
General Fund				
		ORDER OF PAYME	NT	
The Collecting Officer				
Please issu	e Official Receipt in favor of	TINE ESMERO		
			(Name of Payor)	
RN. PElaez Boul	evard Kauswagan, CAGAY	AN DE ORO		
		(Address/Office of Payor)		
n the amount of	ERO PESOS AND ZERO C	ENTS		PHP 0
for the payment of				
		(Purpose)		
er Statement of Acco	unt No.		dated	
Please deposit the colle	ctions under Bank Account/s:			
No.		Name of Bank		<u>Amount</u>
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	A	ant Edge		
	Accounta	ant Eage		

N	ATIONAL	TELECOMMUNI	CATIONS COMMISSION	Serial No. :	
		Regional Offi	ce No. X	Date:	Mar 26, 2024
General Fund					
			ORDER OF PAY	MENT	
The Collecting Officer					
Please issue	Official Rec	ceipt in favor of	TINE ESMERO		
		_		(Name of Payor)	
RN. PElaez Bou	ulevard Ka	auswagan, CAGA	/AN DE ORO		
			(Address/Office of Po	ayor)	
in the amount of	ZERO PE	SOS AND ZERO	CENTS		PHP 0
for the payment of					
			(Purpose)		
per Statement of Accour	ıt No.			dated	
Please deposit the collect	ione under B	Pank Account/s			
No.	ions under i	ank Accounts.	Name of Bank		Amount
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	Regional Office No. X		Date:	Mar 26, 2024
C 15 1				
General Fund				
		ORDER OF PAYMEN	VT	
he Collecting Officer				
Please issue	e Official Receipt in favor of	TINE ESMERO		
			(Name of Payor)	
RN. PElaez Bo	ulevard Kauswagan, CAGA			
		(Address/Office of Payor)		
the amount of	ZERO PESOS AND ZERO	CENTS		PHP 0
r the payment of				
		(Purpose)		
er Statement of Accou	int No.		dated	
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lease deposit the collect	ctions under Bank Account/s:			
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