|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | | **Receipt of the Rural Health Unit**  **Lucban, Quezon** | | |
| **No.: \_\_\_\_\_\_\_\_\_\_\_ Series:\_\_\_\_\_\_\_\_\_** | | |
| **Date:** Month- Day- Year | | |
| Agency: **RURAL HEALTH UNIT OF LUCBAN** | | | | Payment |
| Payor: | | | | |
| Nature of Collection | | | Account Code | Amount |
|  | | |  |  |
|  | | |  |  |
|  | | |  |  |
|  | | |  |  |
|  | | |  |  |
|  | | |  |  |
|  | | |  |  |
|  | | |  |  |
| **TOTAL** | | | | **₱** |
| Amount in Words | | | | |
|  | | | | |
| Cash | Reference Number | | | Date |
| Check |  | | |  |
| Online Payment |  | | |  |
| Received the amount stated above.  Dr. Luis Mallari \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Teller Collecting Officer | | | | |
| Note: Write the number and date of this receipt on the bank of check or  money order received. | | | | |