



Republic of the Philippines
Quezon City
Quezon City Health Department



Order of Payment

Health Certificate

The City Treasurer Bldg.
Miscellaneous Section

Sir/Madam

Please accept payment from Mr./Ms. **Morales, Jesthony** the amount of **400** computed as follows:

| Description | Amount |
|--------------------------------|---------------|
| Health Certificate Fee 613-004 | 100 |
| HIV/AIDS Seminar Fee | 100 |
| Stool Exam | 100 |
| Sputum/Xray Exam | 100 |
| TOTAL | 400.00 |

RAMONA ASUNCION DG. ABARQUEZ M.D. MPH
Authorize Personel

Reference No.: O254205968R