



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           |
| <b>TOTAL</b>                   | <b>400.00</b> |

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

**Reference No.: O256108237R**