

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 **500** computed as follows:

| Description | | Amount |
|--------------------------------|-------|--------|
| Health Certificate Fee 613-004 | | 100 |
| HIV/AIDS Seminar Fee | | 100 |
| Stool Exam | | 100 |
| Sputum/Xray Exam | | 100 |
| Verification | | 100 |
| | TOTAL | 500.00 |

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

Reference No.: O254205968R