



PROOF OF SCHOOL REQUIREMENT

Local center: _____

Term / semester: _____

Academic year: 20__ - 20__

Complete name of student:

Year and course / strand:

Requirement (e.g. type of fee, item, event, etc.):

Subject or class (if applicable):

Specification of requirement (e.g. book title, scientific calculator specifications, description of item/s):

PARTICULARS	AMOUNT

Total amount in words & figures: _____ (PhP _____)

By signing below, I confirm that the scholar is required to settle the fees stated above. Failure to do so could affect the scholar's academic standing.

Note to authorized signatory: Please do not sign below unless all fields above have been filled out.

Signature*: _____

Date signed: _____

Name: _____

Position: _____

Contact number or email address: _____

**Digital signature is accepted.*

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