

**DOST**

Agency

No: \_\_\_\_\_

Date: \_\_\_\_\_

**ORDER OF PAYMENT**

The Collecting Officer  
Cash Unit

Please issue Official Receipt in favor of

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Address/Office)

in the amount of **One Hundred Pesos Only (P 100.00)**

for the payment of **ASSESSMENT FEE FOR THE APPLICATION OF S&T ELIGIBILITY PURSUANT**

**TO PRESIDENTIAL DECREE NO. 997**

Check No.: \_\_\_\_\_

Dated: \_\_\_\_\_

Please deposit the collections under Bank Account/s:

No.	Name of Bank	Amount
_____	_____	P _____
_____	_____	_____
_____	_____	_____
TOTAL		P _____

**HELEN V. GIANAN**

Authorized Signatory

Chief Accountant

OR No. \_\_\_\_\_

Dated: \_\_\_\_\_