

Entity Name : TESDA Regional Office X

Serial No. : _____

Fund Cluster : 01 | 06 | 07

Date : _____

ORDER OF PAYMENT**The Collecting Officer**

Cash/Treasury Unit

Please issue Official Receipt in favor of _____

(Name of Payor)

(Address/Office of Payor)

in the amount of _____ (P_____)

for payment of _____

(Purpose)

per Bill No. _____ dated _____.

Please deposit the collections under Bank Account/s:

<u>No.</u>	<u>Name of Bank</u>	<u>Amount</u>
_____	_____	P_____
_____	_____	_____
_____	_____	_____
Total		P_____

KAYE KASHKA I. ABROGAR

Accountant IV