

<b>Entity Name :</b> _____	<b>Serial No. :</b> _____
<b>Fund Cluster :</b> _____	<b>Date :</b> _____
<b>ORDER OF PAYMENT</b>	
<b>The Collecting Officer</b>	
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>
_____	_____
	P
_____	_____
_____	_____
<b>Total</b>	<b>P</b>
	_____
Signature over Printed Name Head of Accounting Division/Unit/Authorized Official	