

Entity Name : _____

Serial No. : _____

Fund Cluster : _____

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:

No.Name of BankAmount

P

Total

P

Signature over Printed Name Head of Accounting
Division/Unit/Authorized Official