



ORDER OF PAYMENT

DRUG TESTING LABORATORY

Date: _____

NAME OF FACILITY: _____

ADDRESS: _____

To CASHIER: Please charge the amount of _____ (Php _____) for:

REMARKS: _____

(Please check the appropriate box)

INITIAL			RENEWAL		
<input type="checkbox"/>	Screening	P 5,000.00	<input type="checkbox"/>	Screening	P 5,000.00
<input type="checkbox"/>	Confirmatory	P 10,000.00	<input type="checkbox"/>	Confirmatory	P 10,000.00
<input type="checkbox"/>	Cash bond	P 20,000.00			
<input type="checkbox"/>	Permit for Remote Collection	P 500.00			

Prepared by:

Licensing Officer/Designate Staff

Received the above payment/s:

Name/Signature: _____

Amount: _____

Cash/PMO/Check. No. Issued _____ Date: _____

O.R. No. Issued _____

Date Issued: _____

Form OP05 (DTL)
Revision:02
01/15/2016



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