



Technical Education and Skills
Development Authority
(TESDA)

No.: _____

Date: _____

ORDER OF PAYMENT

Fund/Project: _____

The Collecting Officer:

Cash Unit

Please issue Official Receipt in favor of:

(Name)

(Address/Office)

in the amount of _____
(P _____)

for the payment of _____
(Purpose)

CARIZA A. DACUMA

Chief, Accounting Division



Technical Education and Skills
Development Authority
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CARIZA A. DACUMA

Chief, Accounting Division

TESDA DORMITORY
 TECHNICAL EDUCATION AND SKILLS DEVELOPMENT AUTHORITY
 East Service Road, South Superhighway, Taguig City

REGISTRATION FORM

Name: _____		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Home Address: _____		Tel. No.: _____	
Age _____	Citizenship: <input type="checkbox"/> Filipino <input type="checkbox"/> Others <input checked="" type="checkbox"/>	Religion: _____	
Office: _____	Position: _____		
Office Address: _____			
Purpose of stay: _____			

STATEMENT OF ACCOUNT						
DATE CHECK-IN	TIME	DATE CHECK-OUT	TIME	ROOM NO.	RATE PER DAY	No. of Days
AMOUNT DUE		OFFICIAL RECEIPT NO.		DATE	Amt. Paid	

Noted By:

Dormitory Manager

Occupant's Signature

NOTE: The Dorm is not responsible for any loss or theft of personal valuables/ items left in your room