

 BICOLUNIVERSITY OFFICE OF STUDENT AFFAIRS AND SERVICES Legaspi, City	ORDER OF PAYMENT
---	-------------------------

Date: _____

NAME OF LOANEE _____

TYPE OF LOAN

- 1. EELAP _____
- 2. SAFE _____
- 3. SELAFP _____
- 4. SLF-R5 _____
- 5. SLP-COE _____
- 6. STUFAP _____

AMOUNT TO BE PAID _____

FULL PAYMENT _____

PARTIAL PAYMENT _____

Thank you very much.

In-charge

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