



Pag-IBIG Fund
Mandaue Branch

05.20.19

Abella, Neilche Grace ^{Date} Dinopol
Name of Member

Dear Member;

Congratulations!

You have been successfully registered with the Fund. Your

(RTN): 9191 4962 7149

Pag-IBIG/MID # 1212 5084 3980

Use the RTN/MID when remitting your contributions, and if employed, submit your RTN/MID to your HR unit to enable the number-based remittance of your contributions through your employer.

Expect a text message confirming your registration together with your RTN/MID. ALTERNATIVELY to get your MID, you may email your RTN (3) days after the registration to rtbellita@pagigifund.gov.ph.

Thank you for your continued support with the Fund.

ADMA
ORIGINAL DOC SEEN
BY: _____
MANDAUE BRANCH OFFICE
DATE: 8.7.19
Your Pag-IBIG Fund Family



E-1

Republic of the Philippines
SOCIAL SECURITY SYSTEM
PERSONAL RECORD
FOR ISSUANCE OF SS NUMBER

SS NUMBER

06-4352246-6

COV-01214 (09-2015)

THIS FORM MAY BE REPRODUCED AND IS NOT FOR SALE. THIS CAN ALSO BE DOWNLOADED THRU THE SSS WEBSITE AT www.sss.gov.ph.

PLEASE READ THE INSTRUCTIONS AND REMINDERS AT THE BACK BEFORE FILLING OUT THIS FORM. PRINT ALL INFORMATION IN CAPITAL LETTERS AND USE BLACK INK ONLY

PART I - TO BE FILLED OUT BY THE REGISTRANT

A. PERSONAL DATA

NAME (LAST NAME) ABELLA		(FIRST NAME) NEICHE		(MIDDLE NAME) URACE	(SUFFIX) DINOPOL	DATE OF BIRTH (MMDDYYYY) 01 09 2010	
SEX <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	CIVIL STATUS <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Legally Separated <input type="checkbox"/> Others					TAX IDENTIFICATION NUMBER (IF ANY)	
NATIONALITY FILIPINO	RELIGION ROMAN CATHOLIC	PLACE OF BIRTH (CITY/MUNICIPALITY, PROVINCE) (CITY, COUNTRY, if born outside the Philippines) BONIFACIO, MICAMM DCC.					
HOME ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME)		(HOUSE/LOT & BLK. NO.)	(STREET NAME)	(SUBDIVISION)	(CITY/MUNICIPALITY)	(PROVINCE)	(COUNTRY)
CASINTO/AN		MANDAUE CITY	CEBU	PHILIPPINES	ZIP CODE		
MOBILE CELLPHONE NUMBER 07554298856	E-MAIL ADDRESS neichegurace@gmail.com			TELEPHONE NUMBER (COUNTRY CODE + AREA CODE + TEL. NO.)			
FATHER (LAST NAME) ABELLA	(FIRST NAME) ALVIN	(MIDDLE NAME) NOVELA	(SUFFIX)	MOTHER'S MAIDEN NAME (LAST NAME) DINOPOL			
(FIRST NAME) ESTELA		(MIDDLE NAME) SUMAYANG	(SUFFIX)	<input type="checkbox"/> Check this box if using additional sheet.			

B. DEPENDENT(S)/BENEFICIARY(IES)

SPOUSE (LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)	DATE OF BIRTH (MMDDYYYY)
CHILDREN	(LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)
1.				
2.				
3.				
4.				
5.				
OTHER BENEFICIARY(IES) (if without spouse & child and parents are both deceased)				RELATIONSHIP
(LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)	DATE OF BIRTH (MMDDYYYY)
1.				
2.				

C. FOR SELF-EMPLOYED/OVERSEAS FILIPINO WORKER/NON-WORKING SPOUSE

SELF-EMPLOYED (SE) Profession/Business _____ Year Prof./Business Started _____ Monthly Earnings _____ P	OVERSEAS FILIPINO WORKER (OFW) Foreign Address _____ Monthly Earnings _____ P Are you applying for membership in the Flexi-Fund Program? <input type="checkbox"/> YES <input type="checkbox"/> NO	NON-WORKING SPOUSE (NWS) SS No./Common Reference No. of Working Spouse _____ Monthly Income of Working Spouse (P) _____ I agree with my spouse's membership with SSS. SIGNATURE OVER PRINTED NAME OF WORKING SPOUSE _____
--	---	---

D. CERTIFICATION

I certify that the information provided in this form are true and correct.
(if registrant cannot sign, affix fingerprints in the presence of an SSS personnel.)

Registrant is required to affix fingerprints.



NEICHE URACE D. ABELLA
PRINTED NAME

Neiche Gurace
SIGNATURE

08/29/19
DATE

PART II - TO BE FILLED OUT BY SSS

BUSINESS CODE (FOR SE)	WORKING SPOUSE'S MSC (FOR NWS)	RECEIVED BY (REPRESENTATIVE OFFICE/PARTNER AGENT)	RECEIVED & PROCESSED BY (MSS, BRANCH/SERVICE OFFICE/FOREIGN OFFICE)
P	P	SIGNATURE OVER PRINTED NAME _____ DATE & TIME _____	SIGNATURE OVER PRINTED NAME _____ DATE & TIME _____
MONTHLY SS CONTRIBUTION (FOR SE/OFW/NWS)	APPROVED MSC (FOR SE/OFW/NWS)	REVIEWED BY (MSS, BRANCH/SERVICE OFFICE)	AUG 29 2019 DATE & TIME
P	P	SIGNATURE OVER PRINTED NAME _____	
START OF PAYMENT (FOR SE/NWS)	FLEXI-FUND APPLICATION (FOR OFW)		
	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved		



MEMBER DATA RECORD

MEMBER INFORMATION

PhilHealth Identification Number (PIN) : **150255345062**
 Member Category : INFORMAL ECONOMY NHTS Coverage :
 Sub-Category : INFORMAL SECTOR Effectivity Period :

ABELLA, NEILCHE GRACE DINOPOL

PULOT, OZAMIS CITY, MISAMIS
 OCCIDENTAL 7200

Foreign Address : N/A Sex : Female
 Date of Birth : 04/09/2000
 Place of Birth : BONIFACIO, MISAMIS OCCIDENTAL
 Contact No. (Foreign) : N/A Civil Status : SINGLE
 (Local) : Tax Identification Number :

EMPLOYER/ORGANIZED GROUP INFORMATION

Philhealth Number (PIN/POGN) : N/A
 Name of Employer/Organized Group : N/A
 Business Address : N/A
 Telephone Number : N/A
 Tax Identification Number : N/A

DEPENDENT INFORMATION

PIN	Surname	Given Name	Middle Name	Sex	Relation	Date of Birth
-----	---------	------------	-------------	-----	----------	---------------

*** NO DECLARED DEPENDENT/S ***

*** NOTHING FOLLOWS ***

DATU MASIDING M. ALONTO, JR.

Regional Vice President
 PRO - X Cagayan De Oro City

Paalala : Basahin ang nilalaman ng MDR. Kung may kulang o mali, ibalik agad upang maidagdag o maiwasto. Ingatan ang orihinal na kopya at huwag ibigay kahit kanino. Kung sakaling gagamit at makikinabang ng benepisyo, magbigay ng kopya sa ospital. (Reminder: Read the contents of the MDR. Should there be any data discrepancies, return it back to amend or rectify the error. Take good care of the MDR and do not hand it over to anybody. Provide photocopy to hospital in case of confinement and availment of benefits.)

This is a system generated report. Signature is not required.

5/23/2019 12:30:39 PM 40062014 40062014 / / 5/23/2019

BIR Form No
2316

**Certificate of Compensation
Payment/Tax Withheld**



January 2018 (ENC S)

For Compensation Payment With or Without Tax Withheld

2316 01/18 ENC S

Fill in all applicable spaces. Mark all appropriate boxes with an "X"

1 For the Year (YYYY) **2020**

2 For the Period From (MM/DD) **01 01** To (MM/DD) **03 31**

Part I - Employee Information

3 TIN: **358 321 413 0000**

4 Employee's Name (Last Name, First Name, Middle Name) **ABELLA, NEILCHE GRACE DINOPOL** 5 RDO Code **081**

6 Registered Address 6A Zip Code
P2 Pulot Ozamiz City 6C Zip Code **7200**

6B Local Home Address 6E Zip Code

6D Foreign Address

7 Date of Birth (MM/DD/YYYY) **04 09 2000** 8 Telephone Number

9 Statutory Minimum Wage rate per day **0.00**

10 Statutory Minimum Wage rate per month **0.00**

11 Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax

Part IV-B Details of Compensation Income and Tax Withheld from Present Employer

	Amount
A. NON-TAXABLE/EXEMPT COMPENSATION INCOME	
27 Basic Salary (including the exempt P250,000 & of the Statutory Minimum Wage of the MWE)	0.00
28 Holiday Pay (MWE)	0.00
29 Overtime Pay (MWE)	0.00
30 Night Shift Differential (MWE)	0.00
31 Hazard Pay (MWE)	0.00
32 13th Month Pay and Other Benefits (maximum of P90,000)	2,994.30
33 De Minimis Benefits	0.00
34 SSS, GSIS, PHIC & Pag-ibig Contributions and Union Dues (Employee share only)	2,610.00
35 Salaries & Other Forms of Compensation	0.00
36 Total Non-Taxable/Exempt Compensation Income (Sum of Items 27 to 35)	5,604.30
B. TAXABLE COMPENSATION INCOME REGULAR	
37 Basic Salary	30,921.63
38 Representation	
39 Transportation	
40 Cost of Living Allowance (COLA)	
41 Fixed Housing Allowance	
42 Others (Specify)	
42A	
42B	
SUPPLEMENTARY	
43 Commission	
44 Profit Sharing	
45 Fees Including Director's Fees	
46 Taxable 13th Month Pay Benefits	0.00
47 Hazard Pay	
48 Overtime Pay	1,941.07
49 Others (Specify)	
49A Night Differential	291.07
49B Holiday Pay	1,035.78
50 Total Taxable Compensation Income (Sum of Items 37 and 49B)	34,189.55

Part II - Employer Information (Present)

12 Taxpayer: **466 491 968 0000**

13 Employer's Name **AZPIRED INC.**

14 Registered Address 14A Zip Code
16F CEBU IT TOWER 2 BOHOL AVENUE BRGY. LUZ 6000

15 Type of Employer Main Employer Secondary Employer

Part III - Employer Information (Previous)

16 TIN

17 Employer's Name

18 Registered Address 18A Zip Code

Part IV A - Summary

19 Gross Compensation Income from Present Employer (Sum of Items 36 and 50) **39,793.85**

20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 36) **5,604.30**

21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 50) **34,189.55**

22 Add: Taxable Compensation Income from Previous Employer, if applicable **0.00**

23 Gross Taxable Compensation Income (Sum of Items 21 and 22) **34,189.55**

24 Tax Due **0.00**

25 Amount of Taxes Withheld
25A Present Employer **0.00**
25B Previous Employer **0.00**

26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B) **0.00**

Part IV A - Summary

19 Gross Compensation Income from Present Employer (Sum of Items 36 and 50) **39,793.85**

20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 36) **5,604.30**

21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 50) **34,189.55**

22 Add: Taxable Compensation Income from Previous Employer, if applicable **0.00**

23 Gross Taxable Compensation Income (Sum of Items 21 and 22) **34,189.55**

24 Tax Due **0.00**

25 Amount of Taxes Withheld
25A Present Employer **0.00**
25B Previous Employer **0.00**

26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B) **0.00**

Part IV A - Summary

43 Commission

44 Profit Sharing

45 Fees Including Director's Fees

46 Taxable 13th Month Pay Benefits **0.00**

47 Hazard Pay

48 Overtime Pay **1,941.07**

49 Others (Specify)

49A Night Differential **291.07**

49B Holiday Pay **1,035.78**

50 Total Taxable Compensation Income (Sum of Items 37 and 49B) **34,189.55**

I/we declare, under the penalties of perjury, that this certificate has been made in good faith, verified by us, and to the best of my/our knowledge and belief, is true and correct pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof. Further, I/we give my/our consent to the processing of my/our information as contemplated under the "Data Privacy Act of 2012 (R.A. No. 10173)" for legitimate and lawful purposes.

51 ALMIRA S. ABSIN
Present Employer/ Authorized Agent Signature Over Printed Name

CONFORME:
52 NEILCHE GRACE DINOPOL ABELLA
Employee Signature Over Printed Name

CTC/Valid ID N of Employee 17056798 Place of Issue Cebu City

Date Signed

Date Signed

Date of Issue **01 16 20 20**

Amount Paid, if CTC **135.00**

I declare, under the penalties of perjury, that the information herein stated are reported under BIR Form No. 1604-C which has been filed with the Bureau of Internal Revenue

53 ALMIRA S. ABSIN
Present Employer/ Authorized Agent Signature Over Printed Name (Head of Accounting/ Human Resource or Authorized Representative)

I declare, under the penalties of perjury that I am qualified under substituted filing of Income Tax Returns (BIR Form No. 1700), since I received purely compensation income from only one employer in the Philippines for the calendar year, that taxes have been correctly withheld by my employer (tax due equals tax withheld); that the BIR Form No. 1604-C filed by my employer to the BIR shall constitute as my income tax return, and that BIR Form No. 2316 shall serve the same purpose as if BIR Form No. 1700 has been filed pursuant to the provisions of Revenue Regulations (RR) No. 3-2002, as amended.

54 NEILCHE GRACE DINOPOL ABELLA
Employee Signature Over Printed Name

*NOTE: The BIR Data Privacy is in the BIR website (www.bir.gov.ph)



Republika ng Pilipinas
Republic of the Philippines
Kagawaran ng Edukasyon
Department of Education



REHIYON X
REGION X

SANGAY NG OZAMIZ CITY
DIVISION OF OZAMIZ CITY

PULOT NATIONAL HIGH SCHOOL

Pinatutunayan nito na si
This certifies that

NEILCHE GRACE D. ABELLA

Learner Reference Number (LRN): 304167130140

ay kasiya-siyang nakatupad sa mga kinakailangan sa pagtatapos ng Senior High School
has satisfactorily completed the requirements for graduation in Senior High School


TECHNICAL VOCATIONAL LIVELIHOOD TRACK AND INFORMATION AND COMMUNICATIONS TECHNOLOGY STRAND
TECHNICAL VOCATIONAL LIVELIHOOD TRACK AT INFORMATION AND COMMUNICATIONS TECHNOLOGY STRAND

na itinakda para sa Mataas na Paaralan ng Kagawaran ng Edukasyon, kaya pinagkalooban siya nitong
prescribed for Secondary Schools of the Department of Education and is therefore awarded this

KATIBAYAN

DIPLOMA

Nilagdaan sa Lungsod ng Ozamiz, Pilipinas nitong ika-6 ng Abril 2018.
Signed in Ozamiz City, Philippines on the 6th day of April 2018.



J. Alindo
JEAN B. ALINDO
Punong-Guro
Principal

R. Baguio
REBONFAMIL R. BAGUIO
Pansangay na Tagapamanihala ng mga Paaralan
Schools Division Superintendent

AZPIRED[®]

9th Floor, Park Centrale Bldg., Jose Maria del Mar St., Cebu IT Park, Cebu City, Philippines 6000
Contact Number: (032) 254-9813 local 2904 | Human Resources and Legal Department |
hrandlegalteam@azpired.com | azpired.com

EMPLOYMENT CERTIFICATION

This is to certify that **MS. NIELCHE GRACE D. ABELLA** was employed with **AZPIRED INC.** from **OCTOBER 01, 2019** to **JULY 01, 2020**.

This is to further certify that above-mentioned person was employed as a **TRANSPORTATION DISPATCH SPECIALIST** and has been cleared of all obligation and accountabilities.

This certification is being issued upon the request of the above-mentioned person for **EMPLOYMENT PURPOSES ONLY** and is not valid for any other purpose.

This certification is issued on the 6TH day of April 2022 at Cebu City, Philippines.


MS. MYLENE CELESTE B. WONG
HR MANAGER

NOT VALID WITHOUT SEAL



Republic of the Philippines
Department of Justice
National Bureau of Investigation



25971664

This is to certify that the person whose name, picture, signature and thumbprint appearing below applied for NBI Clearance and the results is as follows:

NBI ID NO
A140DNIE00
FAMILY NAME
ABELLA
MIDDLE NAME
DINOPOL
ADDRESS
PUROK 2 PULOT OZAMIZ CITY MISAMIS OCCIDENTAL
DATE OF BIRTH
April 09, 2000
CITIZENSHIP
FILIPINO
PURPOSE
MULTI-PURPOSE CLEARANCE
REMARKS
NO DEROGATORY RECORD

VALID UNTIL
February 09, 2023
FIRST NAME
NEILCHE GRACE
HUSBAND'S SURNAME
BONIFACIO MISAMIS OCCIDENTAL
PLACE OF BIRTH
BONIFACIO MISAMIS OCCIDENTAL
CIVIL STATUS
SINGLE



SIGNATURE
Neilche Grace Bonifacio

GENDER
FEMALE



Eric B. Distor
ERIC B. DISTOR
NBI Director - OIC

Date Printed: Monday, February 21, 2022 12:08 PM
Agency GE OATD soyocmc
CASID soyocmc BIOD soyocmc
O.R. No. BOC548L1 RECID BELENM2
O.R. Date 02/09/2022 12:22:45 PM NTC
DST PAID PRTO soyocmc



Republic of the Philippines
Department of Justice
National Bureau of Investigation



25971664

This is to certify that the person whose name, picture, signature and thumbprint appearing below applied for NBI Clearance and the results is as follows:

NBI ID NO
A140DNIE00
FAMILY NAME
ABELLA
MIDDLE NAME
DINOPOL
ADDRESS
PUROK 2 PULOT OZAMIZ CITY MISAMIS OCCIDENTAL
DATE OF BIRTH
April 09, 2000
CITIZENSHIP
FILIPINO
PURPOSE
MULTI-PURPOSE CLEARANCE
REMARKS
NO DEROGATORY RECORD

VALID UNTIL
February 09, 2023
FIRST NAME
NEILCHE GRACE
HUSBAND'S SURNAME
BONIFACIO MISAMIS OCCIDENTAL
PLACE OF BIRTH
BONIFACIO MISAMIS OCCIDENTAL
CIVIL STATUS
SINGLE



SIGNATURE
Neilche Grace Bonifacio

GENDER
FEMALE



Eric B. Distor
ERIC B. DISTOR
NBI Director - OIC

Date Printed: Monday, February 21, 2022 12:08 PM
Agency GE OATD soyocmc
CASID soyocmc BIOD soyocmc
O.R. No. BOC548L1 RECID BELENM2
O.R. Date 02/09/2022 12:22:45 P NTC
DST PAID PRTO soyocmc

PERSONAL COPY

Municipal Form No. 102
(Revised January 1993)

(To be accomplished in quadruplicate)

REMARKS/ANNOTATION

Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL
CERTIFICATE OF LIVE BIRTH

(Fill out completely, accurately and legibly. Use ink or typewriter.
Place X before the appropriate answer in items 2, 5a, 5b and 19a.)

Province Misamis Occidental

City/Municipality Bonifacio

Registry No. 2000-273

1850

1. NAME (First) (Middle) (Last)
NELCHE GRACE DINOPOL ABELLA

2. SEX 1 Male 2 Female

3. DATE OF BIRTH (day) (month) (year)
09 April 2000

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province)
House No., Street, Barangay)
Lower Unogan, Bonifacio, Misamis Occidental

5a. TYPE OF BIRTH 1 Single 2 Twin 3 Triplet, etc.

b. IF MULTIPLE BIRTH, CHILD WAS 1 First 2 Second 3 Others. Specify _____

c. BIRTH ORDER (live births and fetal deaths including this delivery) **1st** (first, second, third, etc.)

d. WEIGHT AT BIRTH **2260** grams

For OCRG USE ONLY:
Population Reference No.:
4203-B00H901-6

TO BE FILLED UP AT THE
OFFICE OF THE CIVIL
REGISTRAR

6. MAIDEN NAME (First) (Middle) (Last)
REYLA SUNAYAO DINOPOL

7. CITIZENSHIP **FILIPINO**

8. RELIGION **R. C.**

9a. Total number of children born alive: **01**

b. No. of children still living including this birth: **01**

c. No. of children born alive but are now dead: **00**

10. OCCUPATION **HOUSEKEEPER**

11. Age at the time of this birth **20** years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)
Lower Unogan, Bonifacio, Misamis Occidental

41 **80000013**

48 **1**

49 **2** 50 **1 2 3 4 5 6 7 8 9 0**

56 **1 2 3 4 5 6 7 8 9 0**

61 **1**

62 **1** 64 **1 2 3 4 5 6 7 8 9 0**

13. NAME (First) (Middle) (Last)
ALVIN NOVILA ABELLA

14. CITIZENSHIP **FILIPINO**

15. RELIGION **R. C.**

16. OCCUPATION **CARTON SHOP**

17. Age at the time of this birth **23** years

66 **1** 68 **1**

70 **0** 72 **0** 74 **0**

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
February 16, 2000 - Bonifacio, Mis. Occ.

76 **2 3 0** 78 **2 0**

19a. ATTENDANT 1 Physician 2 Nurse 3 Midwife 4 Healer (Traditional Midwife) 5 Others (Specify) _____

19b. CERTIFICATION OF BIRTH
I hereby certify that I attended the birth of the child who was born alive at **2:30 A.M.** o'clock am/pm on the date stated above.

81 **1 2 3 4 5 6 7 8 9 0**

Signature Angela Generalao Address Lower Unogan, Bonifacio, Misamis Occidental
Name in Print **ANGELA GENERALAO** Date April 19, 2000
Title or Position Registrar

69 **1** 67 **1**

20. INFORMANT
Signature Angela Generalao Address Lower Unogan, Bonifacio, Misamis Occidental
Name in Print **ANGELA GENERALAO** Date April 19, 2000
Relationship to the child mother

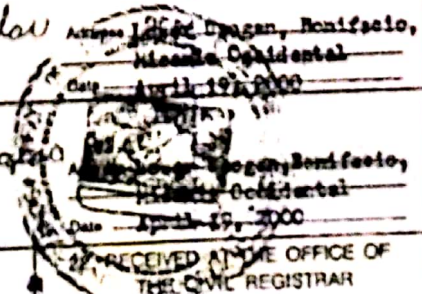
68 **9 1 0** 61 **1**

21. PREPARED BY
Signature [Signature]
Name in Print **MARY ANN J. OZARALIA**
Title or Position **REGISTRATION OFFICER II**
Date April 21, 2000

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature [Signature]
Name in Print **FRANCIS G. LUCERO**
Title or Position **Asst. Civil Registrar**
Date April 21, 2000

65 **1** 63 **42036**

64 **4**



CDSM

CLAIRE DENNIS S. MAPA, Ph. D.
National Statistician and Civil Registrar General
Philippine Statistics Authority

08110-99-400RPR-01244-BI001

BEST POSSIBLE IMAGE



BReN
04203-B00H901-5

Documentary
Stamp Tax Paid

STUDENT ENROLLMENT LOAD
2nd Semester, AY 2018 - 19

Date and time printed: 2019-1-7 09:22:27

Student ID: **180302255**

Course-Year: BTLE::BTLE ICT - 1

Student Name: **Abella, Neilche Grace Dinopol**

Maximum units student can take: 29.0

Total units student has taken: 29.0

SUBJECT CODE	SUBJECT TITLE	CREDIT UNIT(s)	ASSESS UNIT(s)	SECTION	ROOM	SCHEDULE	FACULTY	SUBJECT FEE
BuildCur	Building and Enhancing New Literacies Across the Curriculum with Emphasis on the 21st Century Skills	3.0	3.0	BSED1-3	LS214	MWF 1:00PM-2:00PM	Not Assigned	2,026.02
FoSpEdTM	Foundation of Special and Inclusive Education	3.0	3.0	BTLED1-1	LS114	TTH 1:00PM-2:30PM	Not Assigned	2,026.02
Indus2	Introduction to Industrial Arts Part 2	3.0	3.0	BTLED1-1	CML	TTH 8:30AM-10:00AM	Not Assigned	2,026.02
NSTP2(LTS)	National Service Training Program 2	3.0	3.0	BSSW1-1	TBA	MWF 11:00AM-12:00PM	Decena, Rodney Lolito M.	1,013.01
PathFit2	Fitness Training	2.0	2.0	BSBA-MM 1B	ACH	TTH 7:00AM-8:00AM	Not Assigned	1,350.68
PurCom	Purposive Communication	3.0	3.0	BTLED1-1	SB-LLL	MWF 10:00AM-11:00AM	Maghamil, Catalina W.	2,026.02
SciTecSoc	Science, Technology and Society	3.0	3.0	BTLED1-1	LS114	TTH 10:00AM-11:30AM	Caballo, Mary Lizbeth M.	2,026.02
TeachProf	The Teaching Profession	3.0	3.0	BTLED1-1	LS114	MWF 7:00AM-8:00AM	Not Assigned	2,026.02
Theo1	The First Testament for the Contemporary Times	3.0	3.0	BSCRIM1-1	AC2	MWF 8:00AM-9:00AM	Morito, Glenn M.	2,026.02
UnSelf	Understanding the Self	3.0	3.0	BTLED1-1	LS214	TTH 2:30PM-4:00PM	Joromat, Imelda L.	2,026.02

:: FEE DETAILS ::

TUITION FEE	18,571.85
MISCELLANEOUS FEES	
Accreditation Fee	100.00
Arts Fee	120.00
Athletics and Sports Fee	200.00
Audio Visual Fee	250.00
Automation Fee	300.00
Computer Forms	75.00
Contingency Fee	95.05
Energy Fee	500.00
Examination Stationery	115.00
Family Day	400.00
Guidance and Counseling Fee	120.00
Internet Fee	472.50
Laboratory Development Fee	335.00
Library	550.00
Matriculation	275.00
Medical and Dental Fee	140.00
Micro Teaching Laboratory	65.00
Parents' Auxillary Board Fee	100.00
Physical Plant Development Fee	400.00
Postage	25.00
School Paper Fee	84.75
Student Council Fee	100.00
Student Organization Fee	87.36
Testing Fee	100.00
TOTAL MISC	5,009.66
OTHER CHARGES	
Air Conditioned Room	450.00
Lab Fee - Language	1,361.79
Lab Fee - PE	314.60
Rel. Ed. Book	30.00
TOTAL OTHER CHARGE	2,156.39
TOTAL ASSESSMENT	Php 25,737.90
OLD ACCOUNTS	Php 24,921.78
TOTAL AMOUNT DUE	Php 50,659.68
TOTAL BALANCE DUE	Php 50,658.68

:: PAYMENT DETAILS ::

PAYMENT MODE	Installment
AMOUNT PAID	1.00
DATE PAID	12/12/2018
PAYMENT TYPE	Cash
REFERENCE NUMBER	00086962
(Business Office) Receipt printed by: <u>Jirose Langam Cebreno</u>	

PRELIM DUE : 33,500.08

MIDTERM DUE : 8,579.30
SEMI-FINALS DUE : 4,289.65
FINALS DUE : 4,289.65

(NOTE: Above Installment schedule may change based on actual payment and after enrolment adjustments.)

[Handwritten Signature] 1/7/19

Certified Correct: Jeneth M. Hornejas
University Registrar

LA SALLE UNIVERSITY

STUDENT WELFARE UNIT

A.Y. 2nd Semester 2018-2019

CLEARANCE

leared

NAME: Abella, Nelche Grace D. Abella

COURSE & YEAR: BSED - 1

OFFICE

SIGNATURE

Dean of Student Affairs & Linkages

University Student Government

Culture & Arts Office

Student Discipline Formation Office

Council of Student Organization

University Library

5-10-19
Manmon

5-10-19
Manmon

2018 05-09-19
NA

NA
de Sy. 5/9/19
for

5-9-10
NELCHE GRACE D. ABELLA
Signature over Printed Name

Governor	<i>[Signature]</i>	<i>[Signature]</i>
Adviser	<i>[Signature]</i>	<i>[Signature]</i>

Imposed Sanction(s): 1 coloring book, 8-colored crayons, 1 pen, 1 pencil, and 1 double-line notebook all enclosed in a long, plastic envelope
***Sanction(s) may vary

I hereby certify that all requirements are due to my obligation to the college and to the institution it serves. Any forging of the signatures above will subject me to a major offense as adherence to the school handbook.

Nelche Grace D. Abella
NELCHE GRACE D. ABELLA
Signature of Student over Printed Name



COLLEGE OF TEACHER EDUCATION
Organization of Future Educators



FINALS CLEARANCE
 Second Semester AY 2018-2019

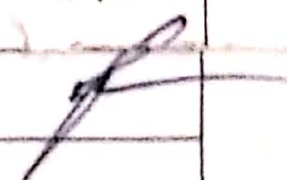
For OFE officers:

Organization Heads	Authorized Signature w/ Date of Signing	Remarks
Vice-Governor for Administration *attendance	<div style="border: 2px solid purple; padding: 10px; width: fit-content; margin: auto;"> <p align="center">CTE ORGANIZATION OF FUTURE EDUCATORS CLEARED</p> </div>	
Governor *monthly reports		
Adviser *monthly reports, letter		

Date: 5/11/19

Signature: 

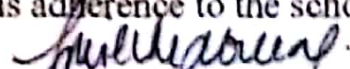
For students:

Organization Head	Authorized Signature w/ Date of Signing	Remarks
Vice-Governor for Administration *attendance	 05/10/19	OK
Governor		
Adviser	 5/9/19	

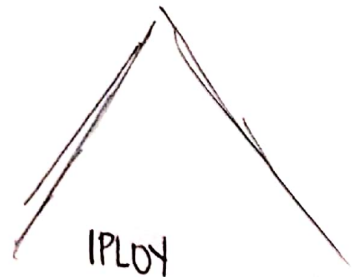
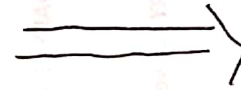
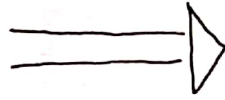
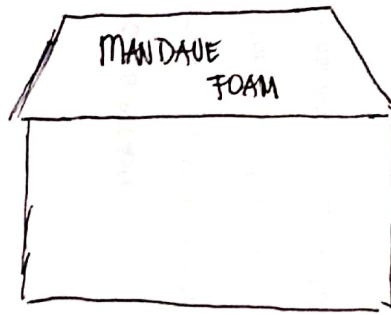
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 NENEKE GRACE D. ABULA

 Signature of Student over Printed Name



(one Mortgage, Cebu City)