

PROMISSORY NOTE

Reg. Control No.	

		Date:		
To whom it may concern,				
This is to express in writing my inability P I promise to	• •			
Furthermore, I am fully aware that subsamount.	sequent Promissory Note	es shall not be accepted without settling my current due		
I hereby affix my signature to this agree	ment.			
Done this Day of 20				
Conforme:	Parent / Guardian:			
Signature of Student Over Printed Name Year/Section:	2	Signature Over Printed Name		
Approved by:	Noted by:	Encoded by:		
Ms. Dulce Ruelo	Teresa Gaid			
Accounting Department	Accounting Department	Accounting Department		
	Reg. Control No			
To whom it may concern,		Date:		
-	pay said amount on or b			
amount. I hereby affix my signature to this agree	ment			
Done this Day of 20	·			
Conforme:		Parent / Guardian:		
Signature of Student Over Printed Name Year/Section:	2	Signature Over Printed Name		
Approved by:	Noted by:	Encoded by:		
Ms. Dulce Ruelo	Ms. Teresa Gaid	·		
Accounting Department	Accounting Department	Accounting Department		

(Student's Copy)

(Note: A penalty of P500.00 will be charged for non-compliance of the-above promissory payment date.)