Students: Fill out these forms and print it. Cut out each form then present it to the University Cashier.

PAMANTASAN NG LUNGSOD NG MARIKINA
University Accounting Department
Concepcion Dos, Marikina City
09175239715 registrar@plmar.edu.ph

ORDER OF PAYMENT

Date of Payment	
Term	
Academic Year	
Student Number	
Surname	
First Name	
M.I. (if any)	
Program	
Major (if any)	

Particulars	Amount to be paid
Tuition Fee	
Misc. Fee	
RLE	
Previous Balance	
Others	
Admission Fee	

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