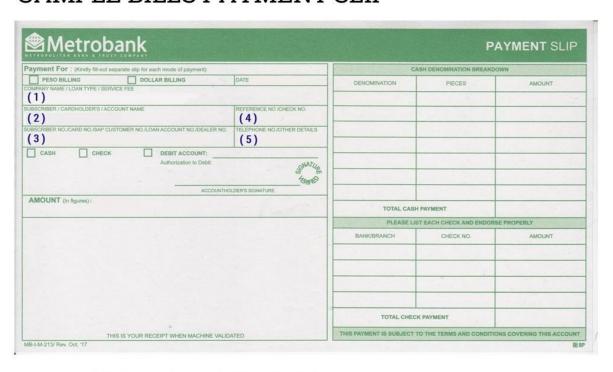
## SAMPLE BILLS PAYMENT SLIP



- 1. DE LA SALLE UNIVERSITY INC.(921)
- 2. NAME OF STUDENT (Last Name, First Name, Middle Initial)
- 3. STUDENT ID NUMBER
- 4. STUDENT ID NUMBER
- 5. CONTACT NUMBER