

ORDER OF PAYMENT

Date:

TO:

Please pay to SUGAR REGULATORY ADMINISTRATION, Budget & Treasury Division the amount of

(P)

CLEARANCE FEES (Export & Domestic)	
REGULAR SWAPPING	1.50 / Lkg-Bag
ADVANCE SWAPPING	5.00 / Lkg-Bag
RECLASSIFICATION	3.00 / Lkg-Bag
ADVANCE REFINING	5.00 / Lkg-Bag
SWITCHING	1.50 / Lkg-Bag
REINSTATEMENT	PER S.O. # _____
REPLENISHMENT	5.00 / Lkg-Bag
CERTIFICATE OF ORIGIN	0.50 / Lkg-Bag
EXPORT CLEARANCE (MUSCOVADO)	480.00 / Application
EXPORT CLEARANCE (MOLASSES)	30.00 / M.T.
IMPORTED MOLASSES	450.00 / M.T.
EXPORT CLEARANCE "A" SUGAR	50.00 / M.T.
EXPORT CLEARANCE "D" SUGAR	50.00 / M.T.
REC/CONVERSION PER S.O #	10.00 / Lkg-Bag
EXPORT PROCESSING	2.50 / Pc (QUEDAN)
STOP/LIFT ORDER	2,000.00+0.10 / Kilo
SHIPPING PERMIT	1.50 / Lkg-Bag
VALIDITY OF QUEDAN	5.00 / Pc (QUEDAN)
AMENDMENTS	
Transfer/Change of Ownership	4.50 / Lkg-Bag
Amendment of Clearance	50.00 / Application

CLEARANCE FEES (Importation)	
PREMIX CLEARANCE (Sucrose 0% / Undetectable)	100.00 / Application
PREMIX CLEARANCE (Sucrose > 65% Sucrose Content)	37.75 / Lkg
PREMIX CLEARANCE (Sucrose < 65% Sucrose Content)	11.90 / Lkg
CLEARANCE (Imported Refined Sugar)	33.00 / Lkg
CLEARANCE (Imported Raw Sugar)	30.00 / Lkg
CLEARANCE (HFCS)	30.00 / M.T
CLEARANCE (Crystalline Fructose)	36.00 / M.T
MONITORING FEES	
MONITORING (Imported Refined Sugar) (CBW)	25.00 / Lkg-Bag
MONITORING (Local) (CBW)	25.00 / Lkg-Bag
SUGAR REQUIREMENTS (SUGAR ALLOCATION)	
Application/Certification of Sugar Requirements	5,000.00/Application
ADDITIONAL ALLOCATION (Food Processor)	3,000.00/Application
REGISTRATION/LICENSE FEES	
Domestic Sugar and Molasses Trader	15,000.00 / Application
International Sugar, HFCS and Molasses Trader	20,000.00 / Application
Muscovado Converter/Trader	6,000.00 / Application
Penalty for Late Submission of Activity Report	5,000.00 / Semester
Organic Muscovado Trader (3 Years)	18,000 / Application
MILLING LICENSE	0.05 / Short Tons
SRA PRODUCTION BULLETIN	300 / Copy
Warehouse Registration	2,000.00 / Application
OTHERS:	

LKG-BAGS:
 METRIC TONS: _____

Note:

CERTIFIED CORRECT:

APPROVED BY:

Authorized/SPRO Representative

Authorized Approving Officer

BUDGET & TREASURY DIVISION

SRA O.R. NO. _____ **DATE:** _____



CASH	
BANK:	
Check #	
DATE	
AMOUNT:	
TOTAL:	_____ -