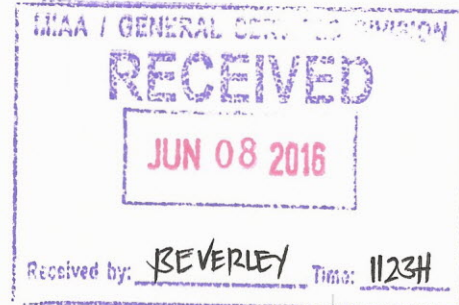




Republic of the Philippines
MANILA INTERNATIONAL AIRPORT AUTHORITY
MIAA Administration Building, MIA Road, Pasay City, Metro Manila

June 08, 2016
A-SPI-16-0151



MEMORANDUM

TO : THE OFFICER-IN-CHARGE
General Services Division

FROM : THE ASSISTANT GENERAL MANAGER
Airport Development and Corporate Affairs

SUBJECT : MEMORANDUM CIRCULAR NO. 06 SERIES OF 2016 - ANNEXES
(Policy Guidelines for the Recording, Billing and Collection of Aeronautical Fees and Charges)

Relative to MC No. 06 series of 2016, the following are the accompanying annexes which were inadvertently not included in the previously disseminated Circular:

- Annex A - Application Form for Non-Scheduled Flights
- Annex B - Daily Flight Operations Report
- Annex C - Aerobridge Usage Report
- Annex D - Daily Bus Usage Report
- Annex E - Dispute / Adjustment Notification / Authorization Form

Please be guided accordingly.


ATTY. CECILIO A. BOBILA

**Manila International Airport Authority
APPLICATION FORM FOR NON-SCHEDULED FLIGHTS**

Instructions:

Please complete the application form with the instruction provided:

1. Applicants are required to fill in all the fields in Section A. Please indicate N.A if not applicable
2. Incomplete application form will not be processed.
3. Fax or email the completed form and supporting documents (if any), to the following MIAA offices:

Office Hours (8:00AM – 5:00PM)
Office of the AGMO
+63 8325956
_____@miaa.gov.ph

Beyond Office Hours
AGOSD
+63 8322922
_____@miaa.gov.ph

4. For inquiries, please call the Office of:
AGMO : +63 8325956 / +63 8771109 local 4217
AGOSD : +63 8322922 / +63 8771109 local 2878
5. All applications will receive an approval / non-approval return notification via fax / email.
6. Applications shall not proceed until OAGMO / AGOSD returns a fax / email notification with the approval.

SECTION A: (To be completed by applicant)

1. Flight Details

	ARRIVAL	DEPARTURE
Date/ Time		
Flight No. (if any)		
A/C Type		
Routing		
No. of crew		
No. of passenger		
A/C Registry		
A/C Owner/Operator		
A/C MTOW		
Nature of Flight		
Remarks		

For Special Rate and Exempted, please attach supporting documents.

2. Mode of Payment (All banks charges to be borne by payee)

<p>Billing</p> <p><input type="checkbox"/> Air Carrier or Operator</p> <p><input type="checkbox"/> Groundhandler</p>	<p>Outright Payment</p> <p><input type="checkbox"/> Debit / Credit Card <input type="checkbox"/> Cash</p> <p><input type="checkbox"/> Bank Transfer</p>
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ANNEX B
MO No. 65, 2014



MANILA INTERNATIONAL AIRPORT AUTHORITY
APRON MANAGEMENT SERVICE
DAILY FLIGHT OPERATIONS REPORT

T1 T2 T3 T4

DATE / DAY _____

INTERNATIONAL DOMESTIC NON-SCHEDULE

ITEM	FLIGHT NO.		ACFT. TYPE	ACFT REG.	BAY	STA	LNDG	PRKG	STD	RMVL	T/OFF	ROUTE	REMARKS	A/L REF
	ARR	DEP												
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														
11														
12														
13														
14														
15														
16														
17														
18														
19														
20														

SIC/ASIC:

(1st) _____ (2nd) _____ (3rd) _____
SIGNATURE OVER PRINTED NAME SIGNATURE OVER PRINTED NAME SIGNATURE OVER PRINTED NAME

	ARR	DEP
SUB-TOTAL		
TOTAL		



MANILA INTERNATIONAL AIRPORT AUTHORITY

TERMINAL OPERATIONS GROUP

T1 T2 T3

AEROBRIDGE USAGE REPORT

BAY/GATE USED: _____

DATE: _____

ITEM	FLIGHT NUMBER	FLIGHT INDICATOR	A/C TYPE	A/C REGISTRY	BRIDGE/S	TACK-IN TIME	AIRLINE REP	TACK-OUT TIME	AIRLINE REP	OPERATOR	REMARKS
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											

Shift-in-Charge(1st)

Shift-in-Charge(2nd)

Shift-in-Charge(3rd)

Checked by: _____

Section Head
(Signature over Printed Name)

ANNEX D
MC No. 6 s. 2016



Republic of the Philippines
MANILA INTERNATIONAL AIRPORT AUTHORITY
 Airport Ground Operations and Safety Division
 Aerodrome Transport Services Section
DAILY BUS USAGE REPORT

AIRLINE: _____

DATE: _____

FLIGHT DETAILS				TYPES OF SERVICES (/) OR (X)			CIQ FORMALITIES (/) OR (X)				
	1	2	3		1	2	3		1	2	3
BUS BODY NO				INTERNATIONAL				CUSTOMS			
FLIGHT NUMBER				DOMESTIC				IMMIGRATION			
AIRCRAFT TYPE				TRANSIT				QUARANTINE			
REGISTRY NO				SPECIAL EVENTS				TOTAL NO. OF TRIPS PER FLIGHT			
ITINERARY				MGMT. RQST.				1	2	3	
RPA/BAY				ARRIVAL							
NAME OF PILOT				DEPARTURE							

NO. OF PASSENGERS ON BOARD				SERVICE TIME RENDERED			CONFIRMED BY THE AIRLINE REPRESENTATIVE		
	1	2	3	1	2	3	1	2	3
ADULT :				START	START	START			
INFANT /CHILDREN:				END	END	END	SIGNATURE OVER PRINTED NAME	SIGNATURE OVER PRINTED NAME	SIGNATURE OVER PRINTED NAME
TOTAL no. of PAX:									

REMARKS: _____

Prepared by: _____

Reviewed By: _____

 COBUS OPERATOR
 SIGNATURE OVER PRINTED NAME

 SECTION HEAD
 SIGNATURE OVER PRINTED NAME



Manila International Airport Authority
DISPUTE / ADJUSTMENT NOTIFICATION / AUTHORIZATION FORM

For Dispute: Airline Portion			For Adjustment Notification: MIAA Portion		
Date:	To: <input type="checkbox"/> Terminal ___ <input type="checkbox"/> GAOD <input type="checkbox"/> AGOSD	From:	To: Accounting Division	From: <input type="checkbox"/> Terminal ___ <input type="checkbox"/> GAOD <input type="checkbox"/> AGOSD	Date:

Details	Original Information ("From")	Revised Information ("To")	Remarks or Resolution (MIAA Portion)	Justification of Adjustment (Supporting Documents) MIAA Portion
Date of Flight				
Registry Mark				
Flight Number				
Aircraft Type				
Maximum Take-off Weight				
Landing / Parking Time				
Removal / Take-off Time				
Parking Overtime				
Aerobridge Tack-in				
Aerobridge Tack-out				
Aerobridge Time				
Light Time				
Tunnel / Bay				
No. of Trips (Ramp Bus)				

Justification of Dispute: Airline Portion (Attach supporting documents)	Requested / Recommended by: Signature: _____ Name: _____ Designation: Head, Billing Section
Requested by: Signature: _____ Name: _____ Designation: _____	Authorized by: Signature: _____ Name: _____ Designation: Terminal Manager ___ / Manager, Airport Operations Dept.

For Accounting Division use only			
Remarks		Processing Officer	Approving Officer
	Signature / Date		
	Name		
	Designation		