

## OFFICE OF THE HEAD OF RECORDS AND ARCHIVES

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## REQUEST FOR INFORMATION/RECORD

Date: Jule 28, 2000	
Name of Requestor: Her name L. Monda	
Address: Pawasagah	
Contact Number: 0936 841-8349 E-mail address: hermach & march &	usu.ch.
Contact Number: 0936 841-8349 E-mail address: hernald months  Proof of Identity: Visay 5 State University ID No.: V00810	
Appointment as Arst. Prog. 111	
No. of copies:	
Reason & intended use of requested information/document  document needed for revenue as Graduate	
faculty 1	
HERWANDO L. MONDAL	
Name & Signature of Requestor/Representative	
Action on the request:	
Approved:	
RYSAN C. GUINOCOR  Director, ODAS and FOI Decision Maker	
Evidence of payment: OR No. 061499 Date: 628/22 Amount: 10/	
Disapproved:	
RYSAN C. GUINOCOR	
Director, ODAS and FOI Decision Maker	
Remarks/reason for disapproval:	