

OFFICE OF THE HEAD OF RECORDS AND ARCHIVES

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REQUEST FOR INFORMATION/RECORD

		Date: 2 / 22 / 2022
Name of Requestor:	PHLOEM D. GALUPO	
Address:	BRCH. STA. ORUZ, BAHBAY CITY	
Contact Number:	0926446 3556 PPO 1041	E-mail address: phloem.galupa@ vsu.edu.ph
Proof of Identity:	(EMPOTES ID) PHIC	ID No .: 20-0250053009
Requested Information		
SCRVICE	KUWKD	
-		
No. of copies:		
	ise of requested information/docume	nt
Honsing	APPULCATION	
	20	
PHOCEN	D. SALUPO	
Name & Signature of	Requestor/Representative	
Action on the reque	est:	•
Approved:		
	RYSAN C. GUINOCOF Director, ODAS and FOI Decision	
Evidence of payment	t: OR No 0 6 8 0 8 2 Date:	2 22 22 Amount: 10/
Disapproved:		
	RYSAN C. GUINOCOF	₹
	Director, ODAS and FOI Decision	on Maker
Remarks/reason for	disapproval:	