

## OFFICE OF THE HEAD OF **RECORDS AND ARCHIVES**

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## REQUEST FOR INFORMATION/RECORD

	Date: 05-30-2000	
Name of Requestor:	REY U. ABRILLO	
Address:	VSU POWET HOUSE BAYBAY CTY	
Contact Number:	09352672707 Tel# 1090 E-mail address: myabrillo.8@9	jmoil, com
Proof of Identity:	River Cluse ID No .: LICIT HIZINDO	2129
Requested Information	on:	
	COE	
-		
No. of copies:		
Reason & intended u	use of requested information/document	
For	renuwal NCI	
payab	illo	
REY O. AB	3R 1LLO	
Name & Signature of	f Requestor/Representative	
Action on the reque	est:	
Approved:		
	RYSAN C. GUINOCOR Director, ODAS and FOI Decision Maker	
Evidence of payment	nt: OR No. 0613276 Date: 30 - May - 1512 Amount: 6	
Disapproved:		
	RYSAN C. GUINOCOR	
	Director, ODAS and FOI Decision Maker	
Remarks/reason for o	disapproval:	