



**REQUEST FOR INFORMATION/RECORD**

Date: 12/3/21

Name of Requestor: Feel Ann B. Gumad

Address: Sto Pandan, Brgy. Bitaonan

Contact Nos.: 09550837420

E-mail address: gumad.feelann@gmail.com

Proof of Identity presented: LT Invoice License

ID No.: H1216500624

Requested Information:

Certificate of Employment

Reason & intended use of requested information/document

No. of copies

Educational purpose

Feel Ann B. Gumad

Signature of Requestor/Representative

Action on the request:

Approved:

**DANIEL LESLIE S. TAN**

Vice President for Administration & Finance

Evidence of payment: OR No. 0605451 Date: Dec 3/21 Amount: 10/-

Disapproved:

**DANIEL LESLIE S. TAN**

Vice President for Administration & Finance

Remarks/reason for disapproval:



## CLAIM SLIP

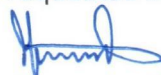
Name of Requestor: Feel Ann B. Gurnod

Address: Silo Pandem, Brgy. Bataman, Baybay City, Leyte

Date of Release of information/document: \_\_\_\_\_

No. of copies/pages: \_\_\_\_\_

Received the requested information/record:

  
FEEL ANN B. GURNOD

Name & Signature of Requestor/Representative

### REMINDERS:

1. Fees for reproduction (PhP 10.00/page)
2. If requestor cannot personally pick up the document, the authorized representative should be clothed with an authorization letter, valid ID and photocopy of valid ID of requestor
3. Documents should be claimed within thirty (30) working days from date of release
4. Information/records not claimed within thirty (30) working days shall be disposed of accordingly.