



REQUEST FOR INFORMATION/RECORD

Date: Feb. 17, 2022

Name of Requestor: Babylyn C. Lambert

Address: Duplex F1, VSU, Baybay City

Contact Number: 09190635211

E-mail address: babylyn.lambert@vsu.edu.ph

Proof of Identity: Driver's License

ID No.: GOG-04-004145

Requested Information: TPEs for the period July 2013 - June 2016

No. of copies: 1

Reason & intended use of requested information/document
for NBC purposes

Babylyn C. Lambert
Name & Signature of Requestor/Representative

Action on the request:

Approved:

RYSAN C. GUINOCOR
Director, ODAS and FOI Decision Maker

Evidence of payment: OR No. 0607798 Date: 2/17/22 Amount: 251

Disapproved:

RYSAN C. GUINOCOR
Director, ODAS and FOI Decision Maker

Remarks/reason for disapproval:

