



REQUEST FOR INFORMATION/RECORD

Date: February 21, 2022

Name of Requestor: ELIZABETH T. MAMASIG - SEBIOS

Address: BRGY. KILIM, BAYBAY, LEYTE

Contact Nos.: 0975 521 4952

E-mail address: elizabeth.sebios@vsu.edu.ph

Proof of Identity: PHILHEALTH ID

ID No.: 020508939370

Requested Information:

CONTRACT OF SERVICE FOR PART - TIME INSTRUCTOR

No. of copies: 1

Reason & intended use of requested information/document

for NBC 461 documents



Signature of Requestor/Representative

Action on the request:

Approved:

RYSAN C. GUINOCOR

Director. ODAS and FOI Decision Maker

Evidence of payment: OR No. 0608056 Date: 2/22/22 Amount: 251

Disapproved:

RYSAN C. GUINOCOR

Director. ODAS and FOI Decision Maker

Remarks/reason for disapproval: