



REQUEST FOR INFORMATION/RECORD

Date: 15 June 2022

Name of Requestor: Nello D. Gorme

Address: Post. of Agoncillo, VSU

Contact Number: 0955 964 2203

E-mail address: m/llr.gorme@vsu.edu.ph

Proof of Identity: School ID

ID No.: 400857

Requested Information:

Certificate of vendor's return service

No. of copies: 1

Reason & intended use of requested information/document

CRD requirement

Name & Signature of Requestor/Representative

Action on the request:

Approved:

RYSAN C. GUINOCOR

Director, ODAS and FOI Decision Maker

Evidence of payment: OR No. 0614162 Date: 6/15/22 Amount: 10/-

Disapproved:

RYSAN C. GUINOCOR

Director, ODAS and FOI Decision Maker

Remarks/reason for disapproval: