



REQUEST FOR INFORMATION/RECORD

Date: 02-17-2022

Name of Requestor: CHELYN G. ESTILLORE

Address: GABAS, BAYBAY CITY, LEYTE

Contact Number: 0944 395 2310

E-mail address: chelynestillore@vsu.edu.ph

Proof of Identity: COMPANY ID

ID No.: V00203

Requested Information:

TPES

No. of copies: 1

Reason & intended use of requested information/document

NBC 8th CYCLE

CHELYN G. ESTILLORE

Name & Signature of Requestor/Representative

Action on the request:

Approved:

RYSAN C. GUINOCOR

Director, ODAS and FOI Decision Maker

Evidence of payment: OR No. 0607787 Date: 2/17/22 Amount: 25

Disapproved:

RYSAN C. GUINOCOR

Director, ODAS and FOI Decision Maker

Remarks/reason for disapproval: