

OFFICE OF THE HEAD OF RECORDS AND ARCHIVES

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REQUEST FOR INFORMATION/RECORD

		Date: 17 February 2022
Name of Requestor:	VILYSSES A. CAGASA	
Address:	VSU, VISCA, BAYBAY C	ly, Lesta
Contact Number:	VOIP # 1013	E-mail address: Wy cagsum@vsu-a
Proof of Identity:	V8U-10	ID No.: <u>100129</u>
Requested Information	on:	
Sumi	many of TRES from 20	16-2019
No. of copies: 1 e	ach	
Reason & intended u	se of requested information/d	ocument
NB	c Hel 8th cycle	
Name & Signature of	Requestor/Representative	
Action on the reque	st:	
Approved:		
	RYSAN C. GUII Director, ODAS and FO	
Evidence of payment	:: OR No. <u>060 7757</u>	Date: 2 14 22 Amount: 130/
Disapproved:		
	RYSAN C. GUII Director, ODAS and FO	
Remarks/reason for o	disapproval:	