



REQUEST FOR INFORMATION/RECORD

Date: Dec 24, 2021

Name of Requestor: Salvador M. Catre, Jr.

Address: Rm- 3002 1H, VSU

Contact Number: 09058844431

E-mail address: salvador.catre@vsu.edu.ph

Proof of Identity: VSU ID

ID No.: V00199


Requested Information:

Certificate of Employment

No. of copies: 1

Reason & intended use of requested information/document

To purchase personal property


Signature of Requestor/Representative

Action on the request:

Approved:

RYSAN C. GUINOCOR
Director, ODAS and FOI Decision Maker

Evidence of payment: OR No. _____ Date: _____ Amount: _____

Disapproved:

RYSAN C. GUINOCOR
Director, ODAS and FOI Decision Maker

Remarks/reason for disapproval:

