



REQUEST FOR INFORMATION/RECORD

Date: May 5, 2022

Name of Requestor: Managbanag, Araceli

Address: Baybay City, Leyte

Contact Number: 09061191319

E-mail address: Araceli.managbanag@vsu.edu.ph

Proof of Identity: Company ID

ID No.: V000629

Requested Information:

1 copy certification ADPA

No. of copies: 1

Reason & intended use of requested information/document

ADPA Benefits claim

ARACELI M. MANAGBANAG

Name & Signature of Requestor/Representative

Action on the request:

Approved:

RYSAN C. GUINOCOR

Director, ODAS and FOI Decision Maker

Evidence of payment: OR No. 0612429 Date: 5/11/22 Amount: 10/-

Disapproved:

RYSAN C. GUINOCOR

Director, ODAS and FOI Decision Maker

Remarks/reason for disapproval: