

## OFFICE OF THE HEAD OF RECORDS AND ARCHIVES

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## REQUEST FOR INFORMATION/RECORD

		Date: <u>02-10-2022</u>
Name of Requestor:	JOEL Q. MABALHIN	
Address:	IH, VSU, Visca, Baybay	City
Contact Number:	0997742875	E-mail address: joel mabalhine vsu edu.
Proof of Identity:	VSU ID	ID No.:
Requested Information	on:	spon hiving.
	Accumulated forms of	apon militax.
No. of copies:	<u> </u>	
Reason & intended u	use of requested information/	/document
	For NBC evaluation	$\sim$
no		
MAHOY S. VALE	EN 20 NA	
Signature of Reques	tor/Representative	
Action on the reque	est:	
Approved:		
	RYSAN C. GL	
	Director, ODAS and Fo	
Evidence of paymen	it: OR No. 0607297	_ Date: D Feb · 2022 Amount: O
D:		
Disapproved:		
	RYSAN C. GL	JINOCOR
	Director, ODAS and F	OI Decision Maker
Remarks/reason for	disapproval:	
		V