

OFFICE OF THE HEAD OF RECORDS AND ARCHIVES

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REQUEST FOR INFORMATION/RECORD

		Date: 6/23/22
Name of Requestor:	EURA D. ESPINOSA	
Address:	INOEM, USM	
Contact Number:	0917 107 3587	E-mail address: etza. espinosaevan. eta., m
Proof of Identity:	VSU (V000600)	ID No.: <u>V000600</u>
Requested Informatio	n:	
TP	Es to ber wand for	NBC 461 8th Cycle.
No. of copies:		
Reason & intended us	se of requested information/do	ocument
Need	ed for NBC 461 SH	Cycle evaluation
Name & Signature of	Reguestor/Representative	
	8	
Action on the reques	ST:	
Approved:		
	RYSAN C. GUIN Director, ODAS and FOI	
Evidence of payment:	OR No. 0614640 C	Date: (27) 22 Amount: 251
Disapproved:		
	RYSAN C. GUIN Director, ODAS and FOI	
Remarks/reason for d	lisapproval:	