

Republic of the Philippines Province of Negros Occidental CITY OF VICTORIAS Office of the Sanguniang Panlungsod -ooOoo-





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REQUISITION FORM



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Date:	Date:
() Status of	() Status of
() Certification of	() Certification of
() Photocopy of	() Photocopy of
Attachments: () yes	Attachments: () yes
() no	() no
Others:	Others:
Purpose:	Purpose:
Requested by:	Requested by:
Name:	Name:
Office:	Office:
Contact No:	Contact No:
Signature:	Signature:
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