INSTITUTE OF BIOLOGY

College of Science, University of the Philippines Diliman Diliman, Quezon City 1101

REQUEST SLIP

Date: Time:	
For: □ Room	
Purpose:	
Date and Time Required: Name of Requesting Party:	
Endorsed by:	
(Name & Signature)	
ACTION: Approved Disapproved for the following reason(s):	
Comments/Reminders:	
Administration	

Copy for the Requester

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UNIVERSITY OF THE PHILIPPINES INSTITUTE OF BIOLOGY

VALID ONLY ON THE AUTHORIZED DATE

Authorization granted to:

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INSTITUTE OF BIOLOGY College of Science University of the Philippines

GATE PASS



	to take-out the following
Reason:	Approved by:
Borrowed from Institu	te of Biology
Personal Property	
Property of Others	Supply Officer
Requested by:	
	NOEL A. LUMBRE Administrative Officer
Noted:	name
Guard on duty: Date: Tin	LUIS MARIA B. GARCIA, Ph.D
Date: Tin	ne: Deputy Director for Administration
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SIR/MADAM:	College of Science Persity of the Philippines CATE PASS to take-out the following
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SIR/MADAM: Please allow	College of Science rersity of the Philippines GATE PASS to take-out the following to take-out the following Approved by: Ute of Biology ANNABELLE B. ELECHI Supply Officer NOEL A. LUMBRE Administrative Officer