

AQUINAS UNIVERSITY OF LEGAZPI
RAWIS, LEGAZPI CITY

REQUEST FORM

FINANCE DIVISION

PLEASE CHECK THE BOX CORRESPONDING TO YOUR REQUEST

Statement of Account
Purpose: _____

Certificate of Payment of School Fees
Purpose: _____

Certificate of Contributions/Deductions
Purpose: _____

Certificate of Compensation & Other Wage-related benefits
Purpose: _____

Temporary Exam Permit
Purpose: _____

Others (Please Specify)

Purpose: _____

Requested by: _____ Date Filed: _____

Contact No: _____ Department: _____

Noted by: _____ Remarks: _____

Approved by: _____

Note: Processing of request is seven (7) working days