



ACKNOWLEDGEMENT RECEIPT

NAMRIA-KS-Form24 Rev01

REQUEST DETAILS

Control Number	CSURDAB-20230622-01	Free Issuance	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	OR No.	
Request Type	<input type="checkbox"/> Simple <input type="checkbox"/> Complex <input checked="" type="checkbox"/> Highly Technical	Date and Time Received		06/22/2023	
Mode of Release	<input type="checkbox"/> Pick-up <input type="checkbox"/> Online <input type="checkbox"/> Courier	Schedule of Release		06/29/2023	
Responsible Personnel	Marife C. Valentino	CSU		RDAB	
	MSO/CSU/CSS Staff	Position		Unit	

RELEASE DETAILS

(Valid ID is required to claim the product.)

Released to and Accepted by		
	Client	Representative
Valid ID Number (If applicable)		
Date and Time Released		

CLIENT SATISFACTION

Please rate your overall experience with us in terms of the following: **timeliness of provision, quality of staff service, location, and facilities. The description may help you in your evaluation. Very Satisfied (VS) – 5** (Surpasses/exceeds my needs and expectations), **Satisfied (S) – 4** (Within my needs and expectations), **Neutral (N) – 3** (Neither satisfied nor dissatisfied), **Dissatisfied (D) – 2** (Falls short of my needs and expectations), **Very Dissatisfied (VD) – 1** (Way below my needs and expectations).

<input type="checkbox"/> Very Satisfied (5)	<input type="checkbox"/> Satisfied (4)	<input type="checkbox"/> Neutral (3)	<input type="checkbox"/> Dissatisfied (2)	<input type="checkbox"/> Very Dissatisfied (1)
Comments, Suggestions, or Recommendations				

(To be returned to the MSO/CSS/CSU staff after acceptance of the product.)