



# ACKNOWLEDGEMENT RECEIPT

NAMRIA-KS-Form24 Rev01

## REQUEST DETAILS

<b>Control Number</b>	CSURDAB-20231009-01	<b>Free Issuance</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>OR No.</b>	
<b>Request Type</b>	<input type="checkbox"/> Simple <input type="checkbox"/> Complex <input checked="" type="checkbox"/> Highly Technical		<b>Date and Time Received</b>		10/09/2023
<b>Mode of Release</b>	<input type="checkbox"/> Pick-up <input type="checkbox"/> Online <input type="checkbox"/> Courier		<b>Schedule of Release</b>		
<b>Responsible Personnel</b>	Amado M. Mipa Jr.		CSU		RDAB
	<b>MSO/CSU/CSS Staff</b>		<b>Position</b>		<b>Unit</b>

## RELEASE DETAILS

(Valid ID is required to claim the product.)

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

## 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).

☐ **Very Satisfied (5)**

☐ **Satisfied (4)**

☐ **Neutral (3)**

☐ **Dissatisfied (2)**

☐ **Very Dissatisfied (1)**

Comments, Suggestions, or Recommendations

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