

CENTRAL PHILIPPINE UNIVERSITY
Iloilo City, Philippines

MASTERLIST OF RECORDS

Unit: _____
As of (Month-Day-Year): _____

Form No.*	Revision No.*	Effectivity Date*	Description	Person Responsible	Location	Retention Period

*where applicable

Prepared by:

Noted by:

(Printed Name & Signature)

Date: _____

(Printed Name & Signature)

Date: _____