


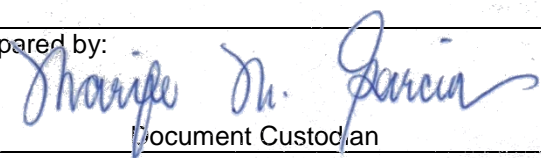
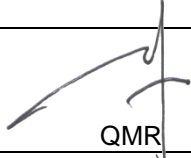



Republic of the Philippines
ROMBLON STATE UNIVERSITY

FORMS MANUAL

	Republic of the Philippines ROMBLON STATE UNIVERSITY	DOCUMENT CODE	FM-RSU-01-01
	FORMS MANUAL	REVISION NUMBER	0
		PAGE NUMBER	1 OF 1
SECTION	USER'S GUIDE	EFFECTIVITY DATE	1 January 2018
SUBJECT	TABLE OF CONTENTS		

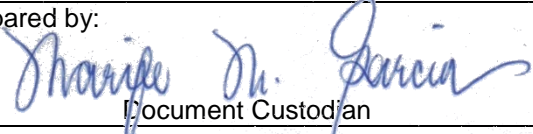
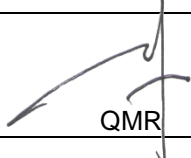
Section	Unit	Subject Title	No. of Pages/ Form Code
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		Supplier Performance Rating	FM-RSU/AFS-04-03
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		Abstract of Canvass	FM-RSU/AFS-04-07
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		Preventive Action Report	FM-RSU-05-02
	IQA	Audit Checklist	FM-RSU/IQA-05-01
		Application for Internal Quality Auditor	FM-RSU/IQA-05-02
		Internal Quality Auditor Performance Rating	FM-RSU/IQA-05-03


Prepared by:  Document Custodian	Approved by:  QMR
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	Republic of the Philippines ROMBLON STATE UNIVERSITY	DOCUMENT CODE	FM-RSU-01-02
	FORMS MANUAL	REVISION NUMBER	0
		PAGE NUMBER	1 OF 1
SECTION	USER'S GUIDE	EFFECTIVITY DATE	1 January 2018
SUBJECT	OBJECTIVES OF THE FORMS MANUAL		

The Forms Manual is prepared with the following objectives:

- To serve as a compilation, reference forms and form letters to Romblon State University;
- To ensure that only updated forms and form letters are used.

Prepared by:  Document Custodian	Approved by:  QMR
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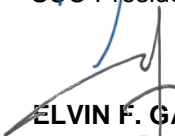
	Republic of the Philippines ROMBLON STATE UNIVERSITY	DOCUMENT CODE	FM-RSU-01-03
	FORMS MANUAL	REVISION NUMBER	0
		PAGE NUMBER	1 OF 1
SECTION	USER'S GUIDE	EFFECTIVITY DATE	1 January 2018
SUBJECT	AUTHORIZATION FOR IMPLEMENTATION/ UPDATING RESPONSIBILITY		


Implementation of the contents of the manual shall be authorized and approved by the Quality Management Representative.

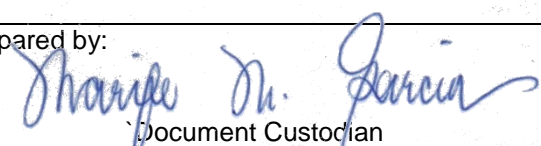
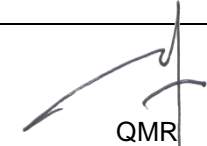
Updating of the manual is the responsibility of the Quality Management Representative, concerned process owners and Document Custodian following the Control of Documents procedure as defined in PM-RSU-02-01.


Their specimen signatures appear below:


ARNULFO F. DE LUNA
 SUC President II


ELVIN F. GAAC
 Quality Management Representative, and
 Vice President for Academic Affairs

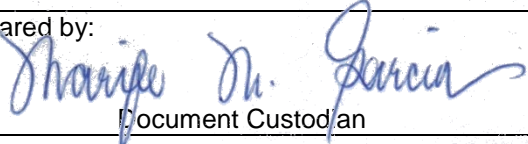
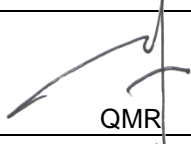

MARIFE F. GARCIA
 Document Custodian, and
 Admissions Coordinator


Prepared by:  Document Custodian	Approved by:  QMR
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	Republic of the Philippines ROMBLON STATE UNIVERSITY	DOCUMENT CODE	FM-RSU-01-04
	FORMS MANUAL	REVISION NUMBER	0
		PAGE NUMBER	1 OF 1
SECTION	USER'S GUIDE	EFFECTIVITY DATE	1 January 2018
SUBJECT	DISTRIBUTION OF THE FORMS MANUAL		

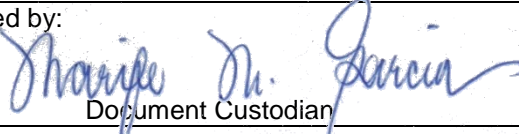
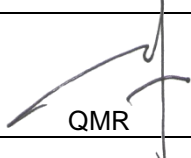
The Forms Manual shall be distributed as follows:


Copy Number	Office	Remarks
Original Copy	Document Custodian	Whole manual
1	SUC President	Whole manual
2	Board Secretary	Whole manual
3	Vice President for Academic Affairs	Whole manual
4	Vice President for Finance and Administration and Support Services	Whole manual
5	Vice President for Research Extension and Training	Whole manual
6	Presidential Assistant for Production, IGPs and Special Projects	Whole manual
7	Presidential Assistant for Tablas Campuses	Whole manual
8	Director, Planning and Development Office & Head, Intellectual Property Unit	Whole manual
9	Director, Office of Gender and Development	Whole manual
10	Director, Office of Faculty and Staff Development	Whole manual
11	Director, Office of Research	Whole manual
12	Director, Office of Training	Whole manual
13	Director, Office of Extension	Whole manual
14	Director, Office of Applied Research	Whole manual
15	Director, Office of Business Affairs	Whole manual
16	Director, Office of Admission, Faculty Evaluation and Accreditation	Whole manual
17	Director, Student Affairs Office	Whole manual
18	Director, Office of the National Services Training Program	Whole manual
19	Director, Office of Alumni Affairs	Whole manual
20	Office of Sports, Physical Education and Recreation	Whole manual
21	Director, Office of Social and Cultural Affairs	Whole manual
22	Director, Office of Physical Planning, Auxiliary and Plant Services	Whole manual
23	Head, Office of Guidance and Placement Services	Whole manual
24	Head, Office of Dental and Medical Services	Whole manual
25	Head, Office of the Library	Whole manual
26	Dean, Institute of the Graduate Studies	Whole manual
27	Dean, College of Agriculture, Fishery and Forestry	Whole manual
28	Dean, College of Arts and Sciences	Whole manual
29	Dean, College of Business and Accountancy	Whole manual
30	Dean, College of Education	Whole manual
31	Dean, College of Engineering and Technology	Whole manual

Prepared by:  Document Custodian	Approved by:  QMR
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	Republic of the Philippines ROMBLON STATE UNIVERSITY	DOCUMENT CODE	FM-RSU-01-04
	FORMS MANUAL	REVISION NUMBER	0
		PAGE NUMBER	2 OF 1
SECTION	USER'S GUIDE	EFFECTIVITY DATE	1 January 2018
SUBJECT	DISTRIBUTION OF THE FORMS MANUAL		

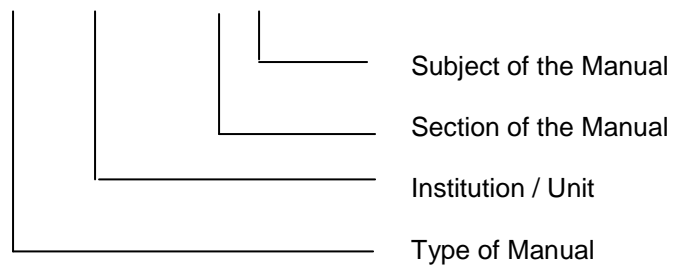
32	Director, Institute of Information Technology	Whole manual
33	Director, Institute of Criminal Justice Education	Whole manual
34	Director, Science High School	Whole manual
35	Campus Director, RSU San Andres Campus	Whole manual
36	Campus Director, School of Agro- Forestry, Calatrava Campus	Whole manual
37	Campus Director, School of Fisheries and Technology, San Agustin Campus	Whole manual
38	Campus Director, School Fisheries and Technology, Sta. Maria Campus	Whole manual
39	Campus Director, School of Inland Fisheries, Sta. Fe & San Jose Campuses	Whole manual
40	School of Arts, Sciences and Technology, Romblon Campus	Whole manual
41	Campus Director, School of Agriculture & Environmental Sciences, Cajidiocan Campus	Whole manual
42	Campus Director, School of Industrial Technology, San Fernando Campus	Whole manual
43	Head, Cashiering Office	Whole manual
44	Head, Records Management	Whole manual
45	Head, Supply and Property Management	Whole manual
46	Head, Human Resource and Development Office	Whole manual
47	Head, Accounting Office	Whole manual
48	Head, Civil Security Services	Whole manual
49	Head, Internal Audit Group	Whole manual

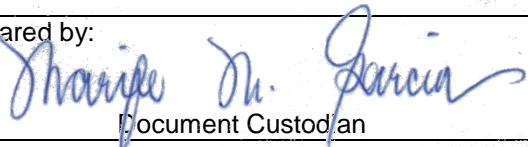
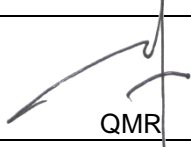
Prepared by:  Document Custodian	Approved by:  QMR
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	Republic of the Philippines ROMBLON STATE UNIVERSITY	DOCUMENT CODE	FM-RSU-01-05
	FORMS MANUAL	REVISION NUMBER	0
		PAGE NUMBER	1 OF 1
SECTION	USER'S GUIDE	EFFECTIVITY DATE	1 January 2018
SUBJECT	CODING		

An alpha-numeric coding system is being followed in the Forms Manual as shown:

FM – RSU –01-05



Prepared by:  Document Custodian	Approved by:  QMR
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Republic of the Philippines
ROMBLON STATE UNIVERSITY

FM-RSU/DC-02-01
Rev 0 / 01-01-18

DOCUMENT CHANGE REQUEST

DATE:

DOCUMENT TITLE:

REQUEST STATUS:

DOCUMENT CODE:

- ☐ NEW - add document to manual
- ☐ REVISION - with modification on existing document
- ☐ DELETION - delete document from manual

EFFECTIVITY DATE OF NEW/REVISED DOCUMENT:

LAST REV. STATUS

CURRENT REV. STATUS

REASON FOR REQUEST:

DETAILS:

	NAME	DIVISION/SECTION	DESIGNATION	DATE
PREPARED BY:				
APPROVED BY:				



Republic of the Philippines
ROMBLON STATE UNIVERSITY

FM-RSU/AFS-03-01
Rev 0 / 01-01-19

REQUEST FOR MAINTENANCE

Work Requested:	Date:
Location:	
Brief Description of the Problem:	Corrective Maintenance Performed:
Requested by:	Received by:
_____ Name and Signature Date	_____ Name and Signature Date



EQUIPMENT MAINTENANCE RECORD

[illegible]




FM-RSU/AFS-03-02
Rev 0 / 01-01-19

Planned  Completed 

CUSTOMER SATISFACTION FEEDBACK FORM

FM-RSU-04-01
Rev 0 / 01-01-18



ROMBLON STATE UNIVERSITY

To be filled out by RSU staff

Date of visit:

Attending Staff:

Services availed and delivery unit rated (please use separate forms for each service availed and/or delivery unit rated):

☐ Admission and Registration

☐ Delivery of Instruction

☐ Consultancy

☐ Procurement

☐ Library/Information

☐ Research/Training/Extension

☐ Scholarship

☐ Laboratory Services

☐ Project development

☐ Others, pls. specify

Please check or specify college or unit delivering the service

☐ CAFF☐ CAS☐ CBA☐ Ced☐ CET

☐ IIT☐ ICJE☐ IGS

Satellite Campus or Delivery Unit (specify)

To be filled out by customers

To help us serve you better, please completely fill up this survey.

SECTION 1: CUSTOMER'S PROFILE

Name:

School/Company/Organization Name:

Address (Brgy./Mun./Prov.):

Tel or Cel No./E-mail Add.:

First time to visit RSU? ☐ Yes ☐ No

Sex: ☐ Male ☐ Female

Age Group:

☐ 15 & below☐ 16-20☐ 21-30☐ 31-40

☐ 41-50☐ 51-59☐ 60 & above

Person with Disability? ☐ Yes ☐ No

Level of Education:

☐ Elementary☐ High School☐ College

☐ Masters/ PhD.

Others, pls. specify

SECTION 2: CUSTOMER EVALUATION/FEEDBACK

Please rate your level of satisfaction with the delivery of service:

Drivers of Satisfaction	4-Very Satisfied	3-Satisfied	2-Dissatisfied	1-Very Dissatisfied
Speed and timeliness.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of service rendered.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relevance of service rendered.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff competence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall perception of service rendered ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please help us improve our services with your suggestions and/or comments below. Thank you! 😊

SECTION 3: FOR LIBRARY USERS ONLY

Were your queries answered? ☐ Yes ☐ No

Please specify subject of interest.

☐ General Education☐ Teacher Education☐ Engineering

☐ ICT☐ Agriculture, Fishery, Forestry☐ Criminal Justice

☐ Arts and Sciences☐ Research and Development

Others, pls. specify

What is your main reason for using the library?

☐ To support course of study/school requirement☐ Leisure/general enjoyment

☐ Independent learning/research

Others, pls. specify



Republic of the Philippines
ROMBLON STATE UNIVERSITY

FM-RSU-04-02
Rev 0 / 01-01-18

REPORT ON CUSTOMER SATISFACTION MEASUREMENT (CSM)

SUMMARY OF CUSTOMER SATISFACTION FEEDBACK

_____ (Month) (____ Qtr.)

Area: _____

Client No.	Address Mun/Prov	Client's Classification	Age Group	Gender	Service Availed	Subject Area	Evaluation of Service Rendered (1- Very Dissatisfied, 2- Dissatisfied, 3-Satisfied, 4-Very Satisfied)					Overall Perception
							Speed	Quality	Relevance	Competence	Attitude	
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												
						Average						
						High						
						Low						
						Median						
						Mode						
						Base						

Customer's Comments/Suggestions:

Prepared by:

Therese M. Garcia
Document Custodian



ROMBLON STATE UNIVERSITY
OFFICE OF ADMISSION
Brgy. Liwanag, Odiongan, Romblon

FM-RSU/AA-04-01
Rev 0 / 01-01-19

APPLICATION FORM FOR COLLEGE ADMISSION
(Entrance Examination Application Form)

For School Year: _____
[] First Sem [] Second Sem [] Summer

Application Slip No.: _____ Date: _____
OR Number: _____ Date: _____

NAME OF APPLICANT: _____
(SURNAME) (GIVEN NAME) (MIDDLE NAME)

Home Address: _____

Tel. No.: _____ Mobile No.: _____ Email: _____

Citizenship: _____ Religion: _____ Civil Status: _____

Date of Birth: _____ Place of Birth: _____ Gender: [] Male [] Female

Father's Full Name: _____ Occupation: _____

Mother's Full Name: _____ Occupation: _____

Family Average Annual Income: _____

High School Attended: _____

School Address: _____ Year Graduated: _____

Course Preference: (1st choice) _____ (2nd choice) _____ (3rd choice) _____

Why do you want to enroll in the college or campus of your choice?

In consideration of my admission to the University and of the privileges of a student in this institution, I hereby promise and pledge to abide by and comply with, all the rules and regulations laid down by competent authorities of the University and of the college/campus in which I am enrolled. I fully understand that refusal to take this pledge or violation of its terms shall be sufficient cause for summary dismissal or denial of my admission.

Applicant's Signature over Printed Name

----- Do not write below this line -----
Required Documents to be submitted upon enrollment: (2 copies each)

College Courses

- [] Duly accomplished application form for RSU-CAT
- [] High School Report Card
- [] Honorable Dismissal/Certificate of Good Moral Character
- [] NSO Birth Certificate (photocopy)
- [] Recent 2" x 2" photo
- [] Accomplish application form for College Admission
- [] Non-refundable filing fee of Php100.00
- [] Aptitude/qualifying test for applicants
- [] Interview
- [] Physical/medical examinations

Documents Received by: _____ Checked by: _____
Signature over Printed Name/Date Signature over Printed Name/Date

APPLICATION # _____ OR # _____ Date: _____ Amount: Php _____
Date of Examination: _____ Testing Center: _____ Time: _____ Test Result _____

NOTE: Credentials submitted in support of the application become the property of the school and will not be returned to the applicant



Republic of the Philippines
ROMBLON STATE UNIVERSITY
Odiongan, Romblon
OFFICE OF ADMISSION

FM-RSU/AA-04-02
Rev 0 / 01-01-19

Admission Slip

Date

To:

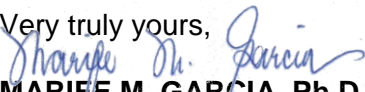
- _____ College of Engineering
- _____ College of Education
- _____ Institute of Information Technology
- _____ College of Arts and Sciences
- _____ College of Agriculture, Fisheries and Forestry
- _____ College of Business and Accountancy
- _____ Institute of Criminal Justice Education

Sir/Madam:

Please be informed that _____ has passed all the requirements for the course _____ and is eligible for Admission in College/Graduate Studies Program

Please extend needed assistance for enrolment.

Very truly yours,


MARIFE M. GARCIA, Ph.D.

Dir. Admission, Accreditation and Faculty Evaluation



COLLEGE OF _____

Department: _____

Date: _____

FM-RSU/AA-04-03

Rev 0 / 01-01-19

A. PERSONAL PROFILE

Name: _____
(Surname) (First Name) (Middle Name)

Age: _____ Date of Birth: _____ Place of Birth: _____

Permanent Address: _____ Sex: _____

Contact No. _____ E-Mail Address: _____

Nationality: _____ Religion: _____

Parent/Guardian: _____ Relationship: _____

Address of Parent/Guardian: _____ Contact No. _____

B. EDUCATIONAL BACKGROUND

	<i>School Attended</i>	<i>Year Graduated</i>
Elementary		
Secondary		
Tertiary		



ROMBLON STATE UNIVERSITY
MAIN CAMPUS
Odiongan, Romblon

FM-RSU/AA-04-05

Rev 0 / 01-01-18

STUDENT REGISTRATION FORM

Student No.: _____

Control No.: _____

Name: _____

Year/Sem/SY.: _____

Course: _____

Scholar Type: _____

Code	Description	Units	Schedule	Room No.	Faculty

Registration Fee: _____ Athletic Fee: _____ Medical/Dental Fee: _____

Cultural Fee: _____ Library Fee: _____ Security Fee: _____

Energy Fee: _____ Guidance Fee: _____

Laboratory Fee: _____

Total Tuition: _____ Total Miscellaneous: _____ Grand Total: _____

Approved By: _____

IMPORTANT: Registration in any subject without all the necessary pre-requisites, correct sequence or authorized load will not be given any credit, regardless of the grade obtained, tempering the Registration Card is not allowed. Such act may render this document null and void.



SUPPLIER INFORMATION SHEET

NAME OF COMPANY:		DATE:
BUSINESS ADDRESS:		E-MAIL ADDRESS: URL ADDRESS:
TELEPHONE NUMBERS:	FAX NO.	MOBILE PHONE NUMBER
DATE ESTABLISHED	VAT NO.	
CONTACT PERSON:		
NATURE OF BUSINESS: <input type="checkbox"/> Manufacturer <input type="checkbox"/> Trading Firms <input type="checkbox"/> Service Contractor <input type="checkbox"/> Others: (pls. specify) _____		NO. OF DELIVERY VEHICLES: <div style="border: 1px solid black; width: 100px; height: 50px; margin: 0 auto;"></div>
PRODUCT LINES:		
CREDIT ACCOMODATION TO DOST : <input type="checkbox"/> 30-DAYS <input type="checkbox"/> COD-Check Payment <input type="checkbox"/> Advance Payment <input type="checkbox"/> 15-DAYS <input type="checkbox"/> COD-Cash Payment <input type="checkbox"/> Others (pls. specify) _____		
ATTACHMENT <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Latest Financial Statement <input type="checkbox"/> VAT Registration Certificate <input type="checkbox"/> Others, Specify, _____</div><div><input type="checkbox"/> DTI/SEC Registration <input type="checkbox"/> Articles of Incorporation, Partnership or Cooperation, Valid Joint Venture Agreement whichever is applicable.</div><div><input type="checkbox"/> Valid and current Mayor's permit/municipal license</div></div>		

I hereby certify that the above information is true and correct.

SIGNATURE OVER PRINTED NAME



SUPPLIER EVALUATION SHEET

NAME OF SUPPLIER				DATE:	
ADDRESS:					
CRITERIA	5 Excellent	4 Very Satisfactory	3 Satisfactory	2 Fair	1 Poor
<u>LOCATION</u> Proximity to RSU	<input type="checkbox"/> Within <u>10 km</u> radius	<input type="checkbox"/> Beyond <u>10 km</u> radius	<input type="checkbox"/> Within <u>the Region</u>	<input type="checkbox"/> Within Luzon Area	<input type="checkbox"/> Beyond Luzon Area
<u>CREDIT ACCOMODATION</u> Terms of Payment	<input type="checkbox"/> 30-days and above	<input type="checkbox"/> 15-days	<input type="checkbox"/> COD – Check Payment	<input type="checkbox"/> COD – Cash Payment	<input type="checkbox"/> Advance Payment
<u>COMMUNICATION FACILITIES</u> Easy to Contact	<input type="checkbox"/> With Telephone Lines, Fax, Cellphone and Email address	<input type="checkbox"/> With Telephone Lines, Fax and Cellphone	<input type="checkbox"/> With Telephone Lines and Fax or Cellphone	<input type="checkbox"/> With two Telephone Lines	<input type="checkbox"/> With only one Telephone Line
<u>DELIVERY/ TRANSPORT FACILITIES</u> Availability of Appropriate Carriers	<input type="checkbox"/> With more than 3 transport vehicles	<input type="checkbox"/> With 3 transport vehicles	<input type="checkbox"/> With 2 transport vehicles	<input type="checkbox"/> With 1 transport vehicle	<input type="checkbox"/> No transport vehicle
TOTAL SCORE	AVERAGE SCORE	FINAL RATING <div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto;"></div>		Where E = 5.0 VS = Below 5.0 to 4.0 S = Below 4.0 to 3.0 F = Below 3.0 to 2.0 P = Below 2.0 PASSING MARK <div style="font-size: 24px; font-weight: bold; text-align: center;">3</div>	
Final Remarks: <input type="checkbox"/> PASSED <input type="checkbox"/> FAILED					
PREPARED BY:		DATE	APPROVED BY:		DATE
(Signature Over Printed Name)			(Signature Over Printed Name)		



SUPPLIER PERFORMANCE RATING SHEET

Name of Supplier:	Period Covered:
--------------------------	------------------------

CRITERIA	5 EXCELLENT	4 VERY GOOD	3 SATISFACTORY	2 FAIR	1 POOR
DELIVERY Ability to meet delivery schedule	<input type="checkbox"/> On-time delivery	<input type="checkbox"/> One (1) to two (2) days late on the agreed delivery schedule	<input type="checkbox"/> Three (3) to four (4) days late on the agreed delivery schedule	<input type="checkbox"/> Five (5) days late on the agreed delivery schedule	<input type="checkbox"/> More than five (5) days late on the agreed delivery schedule
QUALITY Quality of Service/ Product	<input type="checkbox"/> No rejects on delivery	<input type="checkbox"/> With one (1) to two (2) rejected items	<input type="checkbox"/> With three (3) to four (4) rejected items	<input type="checkbox"/> With five (5) or more rejected items	<input type="checkbox"/> Rejected Delivery
<u>COMPLETE-NESS</u> Sufficient Quantity	<input type="checkbox"/> Complete delivery	<input type="checkbox"/> With one (1) to two (2) undelivered items on the agreed delivery schedule	<input type="checkbox"/> With three (3) to four (4) undelivered items on the agreed delivery schedule	<input type="checkbox"/> With five (5) undelivered items on the agreed delivery schedule	<input type="checkbox"/> With more than five (5) undelivered items on the agreed delivery schedule
<u>HANDLING COMPLAINT</u> Mobility to Complaint	<input type="checkbox"/> With prompt action	<input type="checkbox"/> Action taken two (2) to three (3) days after Claim Report	<input type="checkbox"/> Action taken four (4) to five (5) days after Claim Report	<input type="checkbox"/> Action taken more than five (5) days after Claim Report	<input type="checkbox"/> No action taken

GEN. AVE. SCORE	FINAL RATING	Where E (Excellent) = 5.0 VG (Very Good) = Below 5.0 to 4.0 S (Satisfactory) = Below 4.0 to 3.0 F (Fair) = Below 3.0 to 2.0 P (Poor) = Below 2.0	PASSING MARK
<div style="border: 1px solid black; width: 50px; height: 30px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 50px; height: 30px; margin: 0 auto;"></div>		3

FINAL REMARKS: <input type="checkbox"/> LISTED (Supplier's Accreditation is maintained) <input type="checkbox"/> CONDITIONAL (With one to three times below Passing Mark) <input type="checkbox"/> DELISTED (Disqualified and removed from the list of approved/accredited vendors) NOTE: May apply for re-accreditation after three months has elapsed.	
---	--

PREPARED BY: <div style="text-align: center; margin-top: 20px;">(Signature Over Printed Name)</div>	DATE:	APPROVED BY: <div style="text-align: center; margin-top: 20px;">(Signature Over Printed Name)</div>	DATE:
--	-------	--	-------

[illegible]



ADDENDUM
(LIST OF ACCREDITED SUPPLIERS)

A. LABORATORY SUPPLIES, CHEMICALS AND EQUIPMENT	BUSINESS ADDRESS	CONTACT NUMBERS
A.1		
A.2		
A.3		
A.4		
A.5		
A.6		
A.7		
B. OFFICE SUPPLIES AND MATERIALS		
B.1		
B.2		
B.3		
C. COMPUTER SUPPLIES, INKS, ACCESSORIES AND SOFTWARES		
C.1		
C.2		
C.3		
C.4		
C.5		
C.6		
C.7		
D. HARDWARE AND CONSTRUCTION SUPPLIES		
D.1		
D.2		
D.3		
D.4		
E. LUMBER GOODS		
E.1		
E.2		
E.3		
F. PRINTING SERVICES		
F.1		
F.2		
F.3		
F.4		
G. AUTO PARTS AND SERVICES		
G.1		
G.2		

Prepared by:

 Property and Supply Officer

Republic of the Philippines
ROMBLON STATE UNIVERSITY

FM-RSU/AFS-04-05
Rev 0 / 01-01-19



PURCHASE REQUEST

Office: Section:			PR No. SAI No. ALOBS No.	Date: Date: Date:	
Quantity	Unit of Issue	Item Description	Stock No.	Estimated Unit Cost	Total Cost
Purpose:					
Signature Printed Name Designation		Requested by:		Approved by:	



Republic of the Philippines
ROMBLON STATE UNIVERSITY

FM-RSU/AFS-04-06

Date:
Ref. RIV No.
Canvass No.
Gentlemen:

This is a request for quotation on item/s enumerated hereunder. If you are interested in a position to furnish the same, we shall be glad to have your best offer terms and condition of delivery and payment. All prices quoted must include all taxes (EVAT, EWAT) and other duties due. Your quotation must be submitted to Romblon State University, Liwanag, Odiongan, Romblon.

QTY.	Unit	Article/Description	Unit Price	Cost

CANVASSER: _____

Terms of Payment: _____

Very truly yours,

CERTIFIED CORRECT:

ROMBLON STATE UNIVERSITY

by: _____
Printed Name & Signature


SUC President

Name of Firm

Address of Firm

Tel. No.

Fax No.

TIN No.

VAT OR NON-VAT

IMPORTANT

Prices should be written in ink clearly. When offering substitute or equivalent, specify brand or make. Submit your quotation in envelope closed and paste by indicating the number of the quotation, date and terms of opening. Only bids submitted on or before the time and date specified with prices therein quoted will be considered.

Romblon State University
Telefax.: (042)567-5270

FM-RSU/AFS-04-08



Republic of the Philippines
ROMBLON STATE UNIVERSITY
 Liwanag, Odiongan, Romblon
PURCHASE ORDER

Supplier:	P.O. No. :
Address:	Date :
TIN :	Mode of Procurement:

Gentlemen:
 Please furnish this office the following articles subject to the terms and conditions contained herein:

Place of Delivery:	Delivery Term:
Date of Delivery:	Payment Term:

Stock No.	Unit	Description	Quantity	Unit Cost	Amount

(Total Amount In Words) :			
---------------------------	--	--	--

In case of failure to make the full delivery within the time specified above, a penalty of one-tenth (1/10) of one percent for every day of delay shall be imposed.

Conforme:

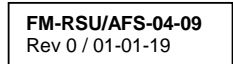
Signature Over Printed Name of Supplier _____

Date: _____

Very truly yours,

SUC President

Funds Available: _____	Amount: - ObR/BUR No.
ACCOUNTANT	



No.:

[illegible]

For Property Unit Use



FM-RSU/AFS-04-10
Rev 0 / 01-01-19

REQUISITION AND ISSUE SLIP
ROMBLON STATE UNIVERSITY
Agency

Division: _____		Responsibility	RIS No. _____	Date _____	
Office: _____		Center Code	SAI No. _____	Date _____	
REQUISITION				ISSUANCE	
Stock No.	Unit	Description	Quantity	Quantity	Remarks
Purpose _____ _____					
	Requested by	Approved by	Issued by	Received by	
Signature:					
Printed Name:					
Designation:					
Date:					

Annex G-7

INSPECTION & ACCEPTANCE REPORT

ROMBLON STATE UNIVERSITY
(Agency)

Supplier _____ AR No. _____
PO No. _____ Date: _____
Requisitioning Office/Dept. _____

Item No.	Unit	Description	Quantity	Price
Total				-

INSPECTION	ACCEPTANCE
Date Inspected:	Date Received:
<input type="checkbox"/> Inspected, verified and found OK <input type="checkbox"/> as to quantity and specifications <p style="text-align: center;">INSPECTION COMMITTEE</p> <p style="text-align: center;">_____ Chairman</p> <p>_____ Member</p> <p>_____ Member</p>	<input type="checkbox"/> Complete <input type="checkbox"/> Partial <p style="text-align: center;">_____ Property Officer</p>











NONCONFORMITY & CORRECTIVE ACTION REPORT ROMBLON STATE UNIVERSITY

FM-RSU-05-01
Rev 0 / 01-01-18

RELEVANT FUNCTION:	INITIATOR:	CONTROL NO.:	DATE:
Type of Nonconformities: (check where applicable)	CLASSIFICATION:	RELEVANT CLAUSE:	
<input type="checkbox"/> Internal <input type="checkbox"/> External Audit Finding <input type="checkbox"/> Complaints from Customer & Interested Parties <input type="checkbox"/> Outputs from Management Review	<input type="checkbox"/> Systems Nonconformities Not Covered By Internal Audit <input type="checkbox"/> Relevant QEMS & LMS Documents and Records <input type="checkbox"/> Process measurements/outputs from data analysis	<input type="checkbox"/> Legal Noncompliance <input type="checkbox"/> Objectives, Targets and Programs <input type="checkbox"/> Not Done or Not Met As Planned	
DESCRIPTION OF NONCONFORMITIES:			
Acknowledged By: _____ Date: _____			
IMMEDIATE CORRECTION ACTION (i.e., short-term action to eliminate detected non-conformity):			
RESULT OF INVESTIGATION / CAUSES OF NONCONFORMITIES: (Return to Assigned Auditor on or before _____)			
Done By: _____ Date: _____ Reviewed/Approved By: _____ Date: _____			
AGREED CORRECTIVE ACTION		RESPONSIBLE PERSON (SIGN OVER PRINTED NAME)	COMPLETION DATE
Done By: _____ Date: _____ Reviewed/Approved By: _____ Date: _____ <div style="text-align: right;">QMR /Division Chief / Section Chief / Unit Head</div>			

(See Back Page for Follow-up Results)



FOLLOW-UP RESULTS

ROMBLON STATE UNIVERSITY

FM-RSU-05-01
Rev 0 / 01-01-19

DATE	REMARKS	STATUS	SIGNATURE <small>(Sign Over Printed Name)</small>
		1 st Follow-up <input type="checkbox"/> Implemented <input type="checkbox"/> Not Implemented	
		2 nd Follow-up <input type="checkbox"/> Implemented <input type="checkbox"/> Not Implemented <input type="checkbox"/> Open (Not Effective) <input type="checkbox"/> Closed (Effective)	
		3 rd Follow-up <input type="checkbox"/> Implemented <input type="checkbox"/> Not Implemented <input type="checkbox"/> Open (Not Effective) <input type="checkbox"/> Closed (Effective)	
		4 th Follow-up <input type="checkbox"/> Implemented <input type="checkbox"/> Not Implemented <input type="checkbox"/> Open (Not Effective) <input type="checkbox"/> Closed (Effective)	
		5 th Follow-up <input type="checkbox"/> Implemented <input type="checkbox"/> Not Implemented <input type="checkbox"/> Open (Not Effective) <input type="checkbox"/> Closed (Effective)	
Noted By: _____ <div style="text-align: center;">QMR</div>			Page ____ of ____ Pages



PREVENTIVE ACTION REPORT

PAR NO.

DATE:

CONCERNED AREA:

INITIATOR:

POTENTIAL PROBLEM:

Acknowledged By:

Date:

POTENTIAL CAUSES

Done By:

Date:

Reviewed/Approved
By:

Date:

AGREED PREVENTIVE ACTION

RESPONSIBLE
PERSON

COMPLETION
DATE

FOLLOW-UP EFFECTIVENESS

DATE

REMARKS

VERIFIED BY
(Sign Over Printed
Name)

Noted By:

QUALITY MANAGEMENT REPRESENTATIVE

Page __ of __ Pages



AUDIT CHECKLIST

Concerned Area:		Date of Audit:	
Auditee/s		Name of Auditor/s:	
ISO CLAUSE	PARTICULARS	C / NC / X	REMARK/S

--	--	--	--

C –Conformity (conforms with the requirement) **NC** –Nonconformity (does not conform with the requirement)
X – Not Applicable

PREPARED BY:	PRINT NAME AND SIGN	DATE
REVIEWED BY:	PRINT NAME AND SIGN	DATE



APPLICATION FOR INTERNAL QUALITY AUDITOR

NAME:	DATE HIRED
PRESENT POSITION	DIVISION / SECTION

EDUCATIONAL BACKGROUND

LEVEL	NAME OF SCHOOL (Write in Full)	DEGREE/ COURSE (Write in Full)	HIGHEST GRADE / LEVEL/ UNITS EARNED (if not graduated)	INCLUSIVE DATES OF ATTENDANCE	ACADEMIC HONORS RECEIVED
ELEMENTARY					
SECONDARY					
VOCATIONAL/ TRADE SCHOOL					
COLLEGE					
GRADUATE STUDIES Diploma					
Master's					
Doctorate					

WORK EXPERIENCES

INCLUSIVE DATES		POSITION TITLE	COMPANY	NATURE OF WORK
FROM	TO			

SEMINAR/TRAINING ATTENDED

TITLE OF SEMINAR/WORKSHOP	INCLUSIVE DATES OF ATTENDANCE		CONDUCTED/SPONSORED BY
	FROM	TO	

I hereby certify that the above information is true and correct.

SIGNATURE OVER PRINTED NAME



INTERNAL QUALITY AUDITOR PERFORMANCE RATING

Name of Auditor:	Date of Audit:
------------------	----------------

PART ONE: To be filled-in by Auditee and Co-Auditor.

Please rate the Auditor based on the following from 1 to 5 (1 being the lowest and 5 the highest)

PRINCIPLES OF AUDITING	RATING		AVE. SCORE
	AUDITEE	CO-AUDITOR	
1. <u>ETHICAL CONDUCT</u> Conducts audit with trust, integrity, confidentiality and discretion.			
2. <u>FAIR PRESENTATION</u> Audit reports reflect truthfully and accurately the audit activities.			
3. <u>DUE PROFESSIONAL CARE</u> Exercise diligence and judgment in auditing.			
4. <u>INDEPENDENCE</u> Exercise impartiality and objectivity of the audit.			
5. <u>EVIDENCED-BASED APPROACH</u> Conducts audit based on verifiable evidences.			
RATED BY:			
	(SIGNATURE OVER PRINTED NAME)		GEN. AVE.

PART TWO: To be filled-in by Audit Team Leader

Please rate the Auditor based on the following from 1 to 5 (1 being the lowest and 5 the highest)

PERSONAL ATTRIBUTES	RATING	REMARKS
1. <u>ETHICAL</u> Fair, truthful, sincere, honest and discreet.		
2. <u>OPEN MINDED</u> Consider alternative ideas or points of view.		
3. <u>DIPLOMATIC</u> Tactful in dealing with people.		
4. <u>OBSERVANT</u> Actively aware of physical surroundings and activities.		
5. <u>PERCEPTIVE</u> Aware of and able to understand situations.		
6. <u>VERSATILE</u> Adjust readily to different situations.		
7. <u>TENACIOUS</u> Persistent and focused on achieving objectives		
8. <u>DECISIVE</u> Exercise logical reasoning and analysis.		
9. <u>SELF-RELIANT</u> Acts & functions independently while interacting effectively with others.		
AVE. SCORE		

RATED BY:	DATE:
AUDIT TEAM LEADER	

Legend:		AVERAGE SCORE	OVERALL AVERAGE SCORE	FINAL RATING	PASSING MARK
Excellent (E) = 5					
Very Satisfactory (VS) = 4 – 4.99					
Satisfactory (S) = 3 – 3.99	PART ONE				3
Fair (F) = 2 – 2.99	PART TWO				
Poor (P) = 1.99 & below					