PARA CONTOR	Reference	No.: SPC-FO-REG-11	Effectivi	Effectivity Date: January (
		REQUES	Γ AND CLAI	M SLIP FOR		
Nam	ne of Student:					
Program:				Year Grad		
Date of Filing:				Claim Da		
Official Receipt No.:				Contact N		
REQUESTED DOCUMENT/S				NUMBER (PIECES		
	Diploma					
	Certificate of Tr	ansfer Credentials				
	Form 137					
Certification						
	Transcript of Re					
	Authentication					
	Second Copy of					
	Graduation Fee					
	Others, please s	pecify:				
				TOTAL AMO		

Checked by:

ty Date: January 05, 2025

Year Graduated: Claim Date:

Revision No.: 01

Official Receipt No.:	Contact Number:								
REQUESTED DOCUMENT/S		MBER OF PIECES		COST Php)	AMOUNT				
Diploma			400.00						
Certificate of Transfer Credentials			100.00						
☐ Form 137			100.00						
Certification			30.00						
☐ Transcript of Records			50.00 per page						
Authentication			20.00 per page						
Second Copy of Registration Form			15.00						
Graduation Fee			1,000.0	00					
Others, please specify:									
	E PAID								
Requested by: Signature over Printed Name of Student Date Signed:	Checked by: Signature over Printed Name of Registrar's Staff Date Signed:								
Claim Slip									
Name of Student:									
Program:		Year Graduated:							
Date of Filing:		Claim Date:							
Requested Document/s:	Number of Copies:								
 REMINDERS: In claiming a document through a representative, Authorization Letter and Valid IDs of Claimants and Requestor are required. Provide 2 pieces of documentary stamps for each copy of requested documents EXCEPT for authentication. 	Contact Numbers: (+63) 9171090015 spc.admin@sanpablocolleges.edu.ph								

Signature over Printed Name of Registrar's Staff

Date Signed: