*Control No: 00050*

**MANAGEMENT INFORMATION SYSTEM**

**DATA COLLECTION FORM**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Office/Unit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Data Custodian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **File Name / File Description** | **File Classification**  *(Final or Draft)* | **File Type**  *(Folder/DOCX/XLS/*  *PPT/PDF/PUB/others)* | **QTY** | **Frequency of Update**  *(Daily, Monthly, Quarterly, Semi-Annually, Annually, As needed)* |
| Sample File - Annual Report 2020 | Final | PDF | 1 | Annually |
| Sample Folder - Activity Designs | Drafts | Folder / Docx | 30 | As needed |
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*Please request for additional form if needed.*

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*Date Collected Data Custodian Signature*

**Conformance:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*MIS Data Coordinator*

*To be filled in by the Quality Management Custodian*

Required Period of Time to Accomplish: \_\_\_\_\_\_\_\_\_\_\_ Turnaround Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date and Time Accomplished: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Status: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Remarks: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**VERIFIED**:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Director for Management Information System