



PHYSICAL PLANT OFFICE

Visca, Baybay City, Leyte, PHILIPPINES Telefax: 1041(LOCAL)

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PHYSICAL PLANT SERVICE REQUEST FORM

| REQUEST INFORMATION | |
|---|---|
| Filled in by requesting party | Filled in by PPO |
| Date filed : July 9, 2024 | Date received : |
| Building/Department : Dept. of Economics | Received by |
| | Name & Signature |
| Location : Upper Campus | Designation/Position : |
| Requesting party ZYRA MAY H. CENTINO Name & Signature | Request Reference : Number |
| Designation/Position : | |
| Contact no./Email : | |
| Please check and specify the nature of service request | |
| Audio System(amplifier, speakers and microphones) With Lights? Yes No | Tent installation/s |
| Setup Location: | Setup Location: |
| Date & Time Needed: | Tent size: |
| Estimated Duration (hrs): | Fabrication/s (new cabinets, furniture, metal works and other |
| Land preparation, plowing & harrowing | fabrications not considered as repair and maintenance) |
| Location/Area covered: | Installation/s (tarpaulin, signage, new lock & knobs & other |
| Estimated passing trip: | installation not considered as repair and maintenance) |
| Site development, levelling, scrapping & backfilling | Machining works (lathe, shaper, drill press & etc.) |
| Location: | Landscaping (Design and Installation) |
| Hauling (Construction materials, office equipment & etc.) | Location/Area covered: |
| From: To: | Other/s (Specify): |
| Plans, Layouts and Estimates (Drafting, floor plan/s, material & cost estimate, site inspection | |
| and the likes) | |
| Brief Description | on of Service Request |
| Materials estimate for installation of 2 aircon outlets for Room 135 and 136 and speakers. | |
| ACCOMPLISHMENT | |
| Filled in by PPO Personnel | Filled in by Requesting Party |
| Conducted by : PPO Maintenance Personnel | Service Satisfaction OVER ALL RATING |
| (Name and Signature) | ☐ 1. Not Satisfied ☐ 1. Poor ☐ 2. Fair |
| Date & Time | 2. Slightly Satisfied 4. Very |
| Started | ☐ 3. Moderately Satisfied ☐ 3. Good Good |
| Date & Time Finished | ☐ 4. Very Satisfied ☐ 5. Extremely Satisfied ☐ 5. Excellent |
| | 5. Extremely Satisfied Comments & Suggestion |
| Checked | 2 2 3 3 3 3 4 7 1 |
| &verified : PPO Head/Director (Name and Signature) | Nama & Signatura |
| Notes: | Name &Signature |
| | |
| | Designation/Position |
| | |

Vision: Mission: