



### TRIP TICKET

Date Filed : January 6, 2021  
Scheduled Travel Date/s : January 6, 2021  
Departure Time : 8:00 AM  
Purpose : To submit documents to Philhealth and to deliver checks to diff. Ormoc Suppliers

Trip Number :  
Destination : Ormoc City  
Driver will report to : Admin. Bldg.

Head of Party:

Passengers	Department/Office/Center/Project	Contact Number(s)
1. Peter Ben H. Urdaneta	Cash Division	
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

\*For more than (10) passengers, use separate sheet.

Vehicle Type: School Vehicle  
Vehicle Plate No.:

Requesting party:

**QUEEN-EVER Y. ATUPAN**

Head, Cash Division

Dispatched by: **MARLON G. BURLAS**  
Motor Pool Services Head

Approved by:

**MARLON G. BURLAS**

(Director/Center Director/Agency Head)

INSTRUCTIONS: Drivers shall fill in this part properly. Drivers are accountable for and are responsible for reporting any vehicle damage, defects and accidents immediately				
Trip Ticket Issued/Received	Vehicle Condition (Before Travel)	Fuel & Lubricant Issued/Used	Departure/Time Out	Odometer/Mileage Out
Date Returned	Vehicle Condition (After Travel)	Fuel & Lubricant Balanced	Arrival/Time In	Odometer/Mileage In

Was the passenger/s following the call time & location?	Was there any purchased of fuel/lubricant outside VSU Campus?	Was the vehicle involved in accident or damaged while in your custody?	Was the vehicle used other than official government business?
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes (Specify) <input type="checkbox"/> No	<input type="checkbox"/> Yes (Specify) <input type="checkbox"/> No	<input type="checkbox"/> Yes (Specify) <input type="checkbox"/> No

Driver's Name & Signature		Filled in by the Head of Party or Requesting Party	
This vehicle will be used for official government business only. I have reviewed and complied with rules & regulations regarding the use of Government-Owned Vehicle.	<b>Service Satisfaction</b> <input type="checkbox"/> 1. Not Satisfied <input type="checkbox"/> 2. Slightly Satisfied <input type="checkbox"/> 3. Moderately Satisfied <input type="checkbox"/> 4. Very Satisfied <input type="checkbox"/> 5. Extremely Satisfied		<b>Driver's OVER ALL RATING</b> <input type="checkbox"/> 1. - Poor <input type="checkbox"/> 2. - Fair <input type="checkbox"/> 3. - Good <input type="checkbox"/> 4. - Very Good <input type="checkbox"/> 5. - Excellent
			<b>Comments &amp; Suggestions</b>
	<b>SIGNATURE OVER PRINTED NAME</b>		<b>Name and Signature</b>