



OFFICE OF THE DIRECTOR FOR PHYSICAL PLANT

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 07, 2023	Date received :
Building/Department : Department of Agronor	ny Received by
	Name & Signature
Agronomy and Soil Scie	nce
Location Experimental Area	Designation/Position :
Requesting party : JOSEPH BI MERANO	Request Reference :
Name & Signature	Number
Designation/Desition : CDA	
Contact no./Email	
Please check and specify the nature of service request	
Audio System (amplifier, speakers and	Tent installation/s
☐ microphones) With Lights? Yes No	Setup Location:
Setup Location:	Setup Location: No. of tent:
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.)
	Landacaning (Decign and Installation)
Location:	Landscaping (Design and Installation)
Hauling (Construction materials, office	Location/Area covered:
equipment & etc.)	
From: To:	Other/s (Specify):
Plans, Layouts and Estimates (Drafting, floor	
plan/s, material & cost estimate, site inspection	
and the likes)	
Brief Description of Service Request	
Land preparation	
The second secon	
ACCOMPLISHMENT	
Filled in by PPO Personnel	Filled in by Requesting Party
Conducted by : PPO Maintenance Personnel	Service Satisfaction OVER ALL RATING
FFO Walliterialice Personner	
(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	4. Very Satisfied 5. Excellent
Finished	☐ 5. Extremely Satisfied
	Comments & Suggestion
Checked *	
&verified : PPO Head/Director	Name Office August
(Name and Signature)	Name &Signature
Notes:	
	Designation/Position

Vision: Mission: