



TRIP TICKET

Date Filed January 5, 2022 Trip Number : _____

Scheduled Travel Date/s : January 30, 2022 Destination : Brgy. Dau, Bontoc, Southern Leyte

Departure Time : _____ Driver will report to : _____

Purpose : Distribution of relief goods to Southern Leyte

Head of Party: BRYAN R. GAPASIN

Passengers	Department/Office/Center/Project	Contact Number(s)
1. MA. LORIEMAE M. ABASOLA	DBM	565 0600 Loc.1018
2. DORYN JAN L. AVILA	DBM	565 0600 Loc.1018
3. WELLA MARIE D. ALACIO	DBM	565 0600 Loc.1018
4. JULIE BEE M. AGUINALDO	DBM	565 0600 Loc.1018
5. DIANNE M. DALIN-AS	DBM	565 0600 Loc.1018
6. GRACIELLE DAWN L. GAMOTIN	DBM	565 0600 Loc.1018
7. BRYAN R. GAPASIN	DBM	09504142556
8. EURICE ED D. MANGAOANG	DBM	565 0600 Loc.1018
9. DIANA T. MONTES	DBM	565 0600 Loc.1018
10. VINCE G. LAO	DBM	565 0600 Loc.1018

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

Vehicle Type: _____

Vehicle Plate No.: _____

Dispatched by:
MARLON G. BURLAS
Motor Pool Services Head

Requesting party:

BRYAN R. GAPASIN

INSTRUCTOR 1

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.	Service Satisfaction <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		Driver's OVER ALL RATING <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
			Comments & Suggestions
	SIGNATURE OVER PRINTED NAME		Name and Signature