



Date Filed 5-10-2022 Trip Number : 1
 Scheduled Travel Date/s : 5-11-2022 Destination : Ormoc city
 Departure Time : 7:00am Driver will report to : Guardpost (Lower)
 Purpose : To participate in the Standard First-Aid and Basic Life Support and Mass Casualty Incidents Management Skills.

Head of Party: Marlon V. Dampies

| Passengers | Department/Office/Center/Project | Contact Number(s) |
|---------------------------------|----------------------------------|-------------------|
| 1. Joemar V. Serot | NSTP-ROTC | |
| 2. Ruben E. Tabudlong | NSTP-ROTC | |
| 3. Kyla Gayle P. Santiañez | NSTP-ROTC | |
| 4. Jamaeca Rose S. Tabangcora | NSTP-ROTC | |
| 5. Tylo Junior L. Vansteenhuyse | NSTP-ROTC | |
| 6. | | |
| 7. | | |
| 8. | | |
| 9. | | |
| 10. | | |

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

Vehicle Type: _____
 Vehicle Plate No.: _____

Requesting party: PROF. JOY A. BELLEN
 (Position)

Dispatched: _____ Recommended: _____ Approved: _____
 Maintenance in Charge Motor Pool Services Head (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 |