



TRIP TICKET

Date Filed: April 4, 2022 Trip Number: _____
 Scheduled Travel Date/s: April 4, 2022 Destination: Baybay City Leyte
 Departure Time: 10:00AM Driver will report to: RCCRDC office
 Purpose: To get the battery purchased in Baybay City

Head of Party: **EDGRADO ABORIDO JR.**

Passengers	Department/Office/Center/Project	Contact Number(s)
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

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

Vehicle Type: RCCRDC Motorcycle
 Vehicle Plate No.: _____

Requesting party: **EDUARDO O. MANGAOANG**

Dispatched: **AMIEL R. ARMADA**

Recommended: **MARLON G. BURLAS**

Approved: **EDUARDO O. MANGAOANG**

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			