



### TRIP TICKET

Date Filed : July 18, 2022 Trip Number : \_\_\_\_\_  
 Scheduled Travel : July 19, 2022 Destination : \_\_\_\_\_  
 Date/s : \_\_\_\_\_ Baybay City  
 Departure Time : 8:00a.m. Driver will report to : \_\_\_\_\_  
 Purpose : Delivery of invitation letters to Resource speakers. ISRDS  
 Head of Party: Maria Aurora T.W.Tabada

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

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

Vehicle Type: \_\_\_\_\_  
 Vehicle Plate No.: \_\_\_\_\_

Requesting party: \_\_\_\_\_

**LILIAN B. NUÑEZ**

Director

Dispatched:  
**AMIEL R. ARMADA**

Recommended:  
**MARLON G. BURLAS**

Approved:  
**MARIO LILIO P. VALENZONA**

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.	<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
	SIGNATURE OVER PRINTED NAME		<b>Comments &amp; Suggestions</b> _____ _____ _____
	Name and Signature		