



## OFFICE OF THE DIRECTOR FOR PHYSICAL PLANT

Visca, Baybay City, Leyte, PHILIPPINES Telefax: 1041(LOCAL) Email: www.ppo.@vsu.edu.ph Website: www.vsu.edu.ph

## PHYSICAL PLANT SERVICE REQUEST FORM

Filled in by requesting party				Filled in by PPO			
		AUGUST 03,	2022	Date received	1		
House N Apartme	Building/Facility/ House No/ INSTITUTE O Apartment No./ KINETI Department		200 1 100 101 10 10 10 10 10 10 10 10 10	Received by	Name 8	Signature	
Location :				Designation/ Position	:		
Request	Requesting party : LAWRENCE		IAGAN	Document control number	:		
Designa	ation/ .	DDENSS DDE	SIDENT				
Position : BPEDSS - PRESIDENT							
Please check and specify the nature of service request							
Audio System (amplifier speakers and							
microphones)							
	With Lights? Yes. / No.			Setup Location:			
Setup Location: IHK QUADRANGLE No. of tent:							
	Date & Time Needed		Tent size:				
	Estimated Duration (I			abrication/s (new o	cabinets, furniture, metal works and other sidered as repair and maintenance)		
	Land preparation, plowing & harrowing			abrications not cons	sidered as repair and	maintenance)	
	Location/Area covere		nstallation/s (tarpau	ulin, signage, new lo	ck & knobs & other		
	Estimated passing trip	0.		installation not cons	idered as repair and r	maintenance)	
	Site development, levelling, scrapping & backfilling			Machining works (lathe, shaper, drill press & etc.)			
				Landscaping (Desig	n and Installation)		
Location:							
	Hauling (Construction materials, office equipment & etc.)			Location/Area covered:			
	From: To:			Other/s (Specify) :			
Plans, Layouts and Estimates ( <i>Drafting, floor plan/s, material &amp; cost estimate, site inspection and the likes</i> )							
Brief Description of Service Request							
For the upcoming tribute of the 4th year Bachelor of Physical Education Students							
Totale appoining tribate of the Tryon Samuel.							
Filled in by t				e requesting party after the conduct of service request			
Conducted			Service Satisfaction		OVER-ALL RATING		
by:	PPO P	ersonnel Signature)	☐ 1. No	t Satisfied	☐ 1 Poor	☐ 2 Fair	
PPO Unit	t		☐ 2. Sli	ghtly Satisfied	☐ 3 Good	4 Very Good	
			☐ 3. Mo	oderately Satisfied	☐ 5 Excellent		
Checked	&		☐ 4. Ve	ry Satisfied	Comments	& Suggestion	
Verified b	1101100	ad/Director		tremely Satisfied			
	(Name &	Signature)		,			
			Name and Signature				