

**TRIP TICKET**Date Filed Oct. 17, 2024

Trip Number : _____

Scheduled Travel : _____

Destination : Tunga, LeyteDate/s : Oct. 28, 2024Departure Time : 6:00am

Driver will report to : _____

Purpose : To facilitate MTAC orientation training with VSU Alang alang BIDANI Core

Head of Party: SBGisulga

Team.

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

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

Vehicle Type: _____

Requesting party:

Vehicle Plate No.: _____

LILIAN B. NUÑEZ

Director

Dispatched:
MARVIN M. LAORecommended:
AMIEL R. ARMADAApproved:
MARLON G. BURLAS

In-Charge, Dispatching

Motor Pool Services, OIC, 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	
<i>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.</i>	Service Satisfaction	Driver's OVER ALL RATING	
	<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	<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	