



TRIP TICKET

Date Filed: April 19, 2023 Trip Number: _____
 Scheduled Travel Date/s: April 27, 2023 Destination: Tacloban City
 Departure Time: 2:00 P.M. Driver will report to: VSU Apartelle
 Purpose: To conduct to Tacloban City, Airport

Head of Party: Dr. Claro N. Mingala

| Passengers | Department/Office/Center/Project | Contact Number(s) |
|----------------------|---|-------------------|
| Dr. Claro N. Mingala | DA Biotech | |
| | | |
| | | |
| | | |
| | Charged to: VSU DA Biotech (20201050.10.79.1) | |

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

Vehicle Type: _____
 Vehicle Plate No.: _____

Requesting party: *Anabella B. Tulin*
ANABELLA B. TULIN

Project Leader, VSU DA-Biotech Scholarship Program

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 |