



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 III by requesting party	rilled in by rre		
Date filed : September :	29, 2022 Date received	:	
Building/Facility/	ant of		<u>.</u>
House No/ Departm	Keceived by		
Apartment No./ Agrono Department	omy	Name	& Signature
	Designation/	71.0-207/10/6VP.	•
Location : ATEP ARE	Position	:	
- John	ar		
· PUTH O ES		•	
Requesting party	control number		
Designation/ . Departmen	Alload		
Position : Departmen	it Head		
Please check and specify the nature of service r	equest		
Audio System (amplifier, speakers and	Tent installation/s		
microphones)			
With Lights? Yes No	Setup Location: _		
Setup Location:	No. of tent:		
	Tent size:		
Estimated Duration (hrs):			netal works and other
Land preparation, plowing & harrowing	fabrications not cor	nsidered as repair and	f maintenance)
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
Location/Area covered:	Installation/s (tarpa	aulin, signage, new l	ock & knobs & other
Estimated passing trip:	installation not con	sidered as repair and	maintenance)
Site development, levelling, scrapping &	-	J 4 11 122	
backfilling		athe, shaper, drill pre	ss & etc.)
Location:	Landscaping (Designation	gn and installation)	
Hauling (Construction materials, office	Location/Area cove	ered:	
equipment & etc.)			
From: To:	Other/s (Specify):	Saw and cut Antipolo ance (rooms and offic	tree for department
Plans, Layouts and Estimates (<i>Drafting, f</i>		ance (rooms and ome	.03/
plan/s, material & cost estimate, site insp	ection		
and the likes)	-		
and the many			
Brief	Description of Service Request		
Tarpaulin Frame Fabrication			
	Filled in by the requesting party off	er the conduct of senice	request
	Filled in by the requesting party after the conduct of service request		
Conducted —	Service Satisfaction	OVER-AI	L RATING
PPO Personnel	☐ 1. Not Satisfied	☐ 1 Poor	☐ 2 Fair
(Name & Signature)	1. Not Satisfied	L 1 F001	⊔ ∠ r'all
PPO Unit	☐ 2. Slightly Satisfied	☐ 3 Good	4 Very Good
		De e	
	☐ 3. Moderately Satisfied	☐ 5 Excellent	
Checked &	☐ 4. Very Satisfied	Comments	& Suggestion
/erified by: PPO Head/Director	☐ 5. Extremely Satisfied		ŕ
(Name & Signature)		1	
•			
		4	
	Name and Signature		
	Name and Signature		
	Name and Signature		

Vision: Mission: