



## TRIP TICKET

| Date Filed   |                          | Octo            | ber 1,                         | , 2025                    |                                      | Trip Number                         |                 | i                        |  |                  |                 |  |
|--|--------------------------|-----------------|--------------------------------|---------------------------|--------------------------------------|-------------------------------------|-----------------|--------------------------|--|------------------|-----------------|--|
| Scheduled<br>Travel Date/s   |                          |                 |                                |                           | Destination                          |                                     | estination      | : _Ka                    | ananga,  | Leyte            |                 |  |
|  |                          | -               | ber 6,                         | 2025                      |                                      |                                     |                 | Dag                      |  |                  |                 |  |
| Departure 7  | Departure Time : 7:00 am |                 |                                |                           | Driver will report to                |                                     |                 | : FARMI                  |  |                  |                 |  |
| Purpose  |                          | : Seas          | son Lor                        | ng Training on            | Onior                                | nion Production under AECA Project. |                 |                          |  |                  |                 |  |
|  |                          |                 |                                |                           |                                      |                                     |                 |                          |  |                  |                 |  |
| Head of Par  | ty: Mare                 | jen A. Vi       | llaremo                        |                           |                                      |                                     |                 |                          |  |                  |                 |  |
| Passengers   |                          |                 |                                |                           | Department/Office/Cent               |                                     |                 | er/Proj                  | er/Project Contact Number(s)                     |                  |                 |  |
|  | n A. Villa               | aremo           |                                |                           |                                      |                                     | FARMI           |                          |  |                  |                 |  |
| 2.   |                          |                 |                                |                           |                                      |                                     |                 |                          |  |                  |                 |  |
| 3.   | 44.01                    |                 |                                |                           |                                      |                                     |                 |                          |  |                  |                 |  |
| *For more tha  | n (10) pa                | ssengers,       | use se                         | parate sheet.             |                                      |                                     |                 |                          |  |                  |                 |  |
| Vehicle Type   |                          |                 |                                |                           |                                      |                                     | Request         |                          |  | A. VILLAR        | FMO             |  |
| (Designation/Position)   |                          |                 |                                |                           |                                      |                                     |                 |                          |  |                  |                 |  |
| Dispatched:  |                          |                 | Rec                            | ommended:                 |                                      |                                     | Ap              | proved:                  |  |                  |                 |  |
| AMIEL R. A   | RMADA                    | A.              | 1                              | DODONG NEI                | L L. B                               | ARRIENTO                            | S               |                          | MARL   | ON G. BL         | JRLAS           |  |
| n-charge, Rep. & Maint. Motor  |                          |                 |                                |                           | Motor Pool Services, Head            |                                     |                 |                          | (Director/Center Director/Agency Head)           |                  |                 |  |
|  |                          |                 |                                |                           |                                      |                                     |                 |                          |  |                  |                 |  |
| defects and a  |                          |                 |                                | part properly. L          | Drivers                              | are accounta                        | ble for and are | respons                  | ible for re                                      | eporting any     | vehicle damage, |  |
| delects and acoidents immediately  |                          |                 |                                | Vehicle Condition         |                                      |                                     | Fuel &          | Departure/               |  |                  |                 |  |
| Trip Ticket Issued/Received  |                          |                 | (Before Travel)                |                           |                                      |                                     |                 | ne Out                   | Odometer/Mileage Out                             |                  |                 |  |
|  |                          |                 |                                |                           |                                      |                                     | 133000/0300     |                          |  |                  |                 |  |
|  |                          |                 |                                | Vahiala Ca                |                                      | Fuel &                              | Arrival/        |                          |  |                  |                 |  |
| Date Returned  |                          |                 | Vehicle Co<br>(After Tra       |                           |                                      | Lubricant                           | 1 0 000         | me In                    | Odometer/Mileage In                              |                  |                 |  |
|  |                          |                 |                                | ,                         |                                      |                                     | Balanced        | 1                        |  |                  |                 |  |
| Was the nass   | enner/s                  |                 |                                |                           |                                      | Was the                             | vehicle involv  | red in                   |  |                  |                 |  |
| Was the passenger/s following the call time & location?  Was there any fuel/lubricant of |                          |                 | ourchased of<br>itside VSU Cam | pus?                      | accident or damaged w. your custody? |                                     |                 |                          | the vehicle used other than government business? |                  |                 |  |
| □Yes   | □No                      | Yes<br>(Specify | )                              | □No                       |                                      | ☐ Yes (Specify)                     |                 | □No                      | ☐Yes   | Yes (Specify) No |                 |  |
| Driver's Nan   | ne & Sig                 | nature          | No.                            | Filled in by the          | Head                                 | of Party or Re                      | equesting Party | /                        |  |                  |                 |  |
| This vehicle will be used for official   |                          |                 |                                | Service Satisfaction      |                                      |                                     |                 | Driver's OVER ALL RATING |  |                  |                 |  |
| government business only. I have   |                          |                 |                                | ☐ 1. Not Satisfied        |                                      |                                     |                 | ☐ 1 Poor ☐ 2 Fair        |  |                  |                 |  |
| reviewed and complied with rules & regulations regarding the use of                      |                          |                 |                                | ☐ 2. Slightly Satisfied   |                                      |                                     |                 | □ 3 Good □ 4 Very Good   |  |                  |                 |  |
| Government-Owned Vehicle.  |                          |                 |                                | ☐ 3. Moderately Satisfied |                                      |                                     |                 | ☐ 5 Excellent            |  |                  |                 |  |
|  |                          |                 |                                | ☐ 4. Very Satisfied       |                                      |                                     |                 | Comments & Suggestions   |  |                  |                 |  |
| CIONATURE OVER PRINTER WATER   |                          |                 |                                | 5. Extremely Satisfied    |                                      |                                     |                 |                          |  | 2.33.34          |                 |  |
| SIGNATURE OVER PRINTED NAME  |                          |                 |                                | - Landerson Sandina       |                                      |                                     |                 |                          |  |                  |                 |  |
|  |                          |                 |                                |                           |                                      | 100                                 |                 |                          |  |                  |                 |  |
|  |                          |                 |                                | Name and Signature        |                                      |                                     |                 |                          |  |                  | _               |  |

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