



TRIP TICKET

Date Filed June 16, 2025 Trip Number : _____
 Scheduled Travel : June 29-July 1, 2025 Destination : Macrohon, So. Leyte
 Date/s : _____
 Departure Time : _____ Driver will report to : _____
 Purpose : DOE Team building Guard Post No. 1

Passengers	Department/Office/Center/Project	Contact Number(s)
Lemuel S. Preciados	Dept. of Economics	
Zyra May H. Centino		
Michael R. Calungsod		
Israel C. Embayarte		
Ernesto F. Bulayog		
Babylyn C. Lambert		
Allen Glennie P. Lambert		

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

Vehicle Type: Coaster White Bus Requesting party: _____
 Vehicle Plate No.: _____ **LEMUEL S. PRECIADOS**
 Head, DOEcon
 Dispatched: _____ Recommended: _____ Approved: _____
MARVIN M. LAO **AMIEL R. ARMADA** **MARLON G. BURLAS**
 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