



### TRIP TICKET

Date Filed: January 25, 2023 Trip Number: \_\_\_\_\_  
 Scheduled Travel Date/s: January 27, 2023 Destination: Capoocan Leyte  
 Departure Time: 1:00 P.M. Driver will report to: VSU Apartelle  
 Purpose: To conduct Dr. June Bryan de la Peña to Capoocan Leyte after his three-day engagement in VSU.

Head of Party: Dr. June Bryan de la Peña

Passengers	Department/Office/Center/Project	Contact Number(s)
Dr. June Bryan de la Peña	Office of the President	

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

Vehicle Type: \_\_\_\_\_  
 Vehicle Plate No.: \_\_\_\_\_

Requesting party: MA. THERESA P. LORETO

Director, ARI Center

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.	<b>Service Satisfaction</b>		<b>Driver's OVER ALL RATING</b>
	<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
			<b>Comments &amp; Suggestions</b>
SIGNATURE OVER PRINTED NAME		Name and Signature	