



TRIP TICKET

Date Filed October 3, 2025 Trip Number : _____
Scheduled _____ Destination : Ormoc City
Travel Date/s : Oct. 10, 2025
Departure Time : 8:00 a.m. Driver will report to : ISRDS
Purpose : To conduct interviews and visits with LGU-CRRMC Ormoc City re: student research on DRRM & Gender.

Head of Party: LBNuñez

Passengers	Department/Office/Center/Project	Contact Number(s)
1. Sophie Fiesoli		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

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

Vehicle Type: _____
Vehicle Plate No.: _____

Requesting Party: LILIAN B. NUÑEZ
(Designation/Position)

Dispatched:
AMIEL R. ARMADA

Recommended:
DODONG NEIL BARRIENTOS

Approved:
MARLON G. BURLAS

In-charge, Rep. & Maint.

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	
<i>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.</i>		Service Satisfaction	
		Driver's OVER ALL RATING	
SIGNATURE OVER PRINTED NAME		<input type="checkbox"/> 1. Not Satisfied <input type="checkbox"/> 2. Fair	
		<input type="checkbox"/> 3. Good <input type="checkbox"/> 4. Very Good	
		<input type="checkbox"/> 5. Extremely Satisfied	
		Comments & Suggestions	
		Name and Signature	