



TRIP TICKET

Date Filed Dec. 9, 2021 Trip Number : _____
 Scheduled Travel Date/s : Dec. 10, 2021 Destination : Ormoc City
 Departure Time : 9:00 AM Driver will report to : Admin Bldg.
 Purpose To submit Philhealth remittance, Innove/Globe and Other Ormoc Suppliers.

Head of Party:

Passengers	Department/Office/Center/Project	Contact Number(s)
1. Peter Ben Laurice H. Urdaneta		09264985076
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

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

Vehicle Type: _____
 Vehicle Plate No.: _____

Requesting party:

QUEEN-EVER Y. ATUPAN

Head, Cash Division

Dispatched by:

MARLON G. BURLAS

Motor Pool Services Head

Approved by:

MARLON G. BURLAS

(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