



## OFFICE OF THE DIRECTOR FOR PHYSICAL PLANT

Visca, Baybay City, Leyte, PHILIPPINES Telefax: 1041(LOCAL)

Email: www.ppo.@vsu.edu.ph Website: www.vsu.edu.ph

## PHYSICAL PLANT SERVICE REQUEST FORM

REQUEST INFORMATIO	ON		
Filled in by requesting party		Filled in by PPO	
Date filed	: January 31, 2023	Date received	
Building/Department	Advanced Research and Innovation Center	Received by	Name & Signature
Location	: Visayas State University	Designation/Position	:
Requesting party	: MA. THERESA P. LORETO	Request Reference	:
	Name & Signature	Hamber	
Designation/Position	: Director, ARI Center		
Contact no./Email : mtploreto@vsu.edu.ph			
	fy the nature of service request		
	mplifier, speakers and	Tent installation/s	
microphones)	es No	Setup Location:	
Setup Location	:	No. of tent:	
Date & Time N	eeded:	Tent size:	
	ation (hrs):		furniture, metal works and other
Land preparation, plowing & harrowing fabrications not considered as repair and maintenance)			as repair and maintenance)
Location/Area covered: Installation/s (tarpaulin, signage, new lock & knobs & oth			
Estimated passing trip: installation not considered as repair and maintenance)			s repair and maintenance)
backfilling	t, levelling, scrapping &	Machining works (lathe, sha	per, drill press & etc.)
Location: Landscaping (Design and Installation)			stallation)
Hauling (Construe	ction materials, office )	Location/Area covered:	
From: To: Other/s (Specify) :			
Plans, Layouts and Estimates (Drafting, floor plan/s, material & cost estimate, site inspection			
and the likes)  Brief Description of Service Request			
Brief Description of Service Request			
Installation and framing of ARI Center signage  ACCOMPLISHMENT			
Filled in by PPO Personnel		Filled in by Requesting Party	
Conducted by :		Service Satisfaction	OVER ALL RATING
Conducted by .	PPO Maintenance Personnel	Памионе	<b>D</b> 4 Dage
	(Name and Signature)	☐ 1. Not Satisfied ☐ 2. Slightly Satisfied	☐ 1. Poor ☐ 2. Fair ☐ 4. Very
Date & Time	-		☐ 3. Good Good
Started		☐ 3. Moderately Satisfied	
Date & Time		☐ 4. Very Satisfied ☐ 5. Extremely Satisfied	☐ 5. Excellent
Finished		— 5. Extremely Satisfied	Comments & Suggestion
Chacked			
Checked . ——— &verified	PPO Head/Director		
averineu	(Name and Signature)	Name &Signature	
Notes:			
	1	Designation/Position	
		Designation Ostron	
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