



TRIP TICKET

Date Filed: February 18, 2025 Trip Number: _____
Scheduled Travel Date/s: February 24, 2025 Destination: VSU to Bato and Inopacan, Leyte
Departure Time: 7:00 am Driver will report to: VSU Guard post 1
Purpose: To deploy OJT Students to their respective Host Training Establishments (HTE) areas.

Head of Party: ED ALLAN L. ALCOBER

Passengers	Department/Office/Center/Project	Contact Number(s)
1. Ed Allan L. Alcober	Department of Agronomy	5656 0600 Local 1013
2. Ma. Gweneth M. Abit	Department of Agronomy	5656 0600 Local 1013
3.		
4.		
5.		
6.		

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

Vehicle Type: _____
Vehicle Plate No.: _____

Requesting party:
ED ALLAN L. ALCOBER
DA, Faculty

Dispatched:

Recommended:

Approved:

MARVIN M. LAO

AMIEL R. ARMADA

MARLON G. BURLAS

In-Charge, Dispatching

Motor Pool Services, OIC, 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