



TRIP TICKET

Date Filed May 25, 2022 Trip Number : _____

Scheduled Travel Date/s : _____ Destination : VSU Campus to Caridad & Plaridel Baybay, City Leyte

Departure Time : 6:00 PM -9:00 PM Driver will report to : IHK

Purpose : Service vehicle for the ICP Workshop Solidarity Night Performers

Head of Party: Mr. Dennis Joel Cerna

Passengers	Department/Office/Center/Project	Contact Number(s)
1. 20 Student Performers	Institute Of Human Kinetics	563-7395/1046
2. 3 Trainers		
3.		
4.		
5.		
6.		
7.		
8.		

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

Vehicle Type: VSU Bus

Vehicle Plate No.: _____

Requesting party: 
CHARIS B. LIMBO
Director, IHK

Dispatched: _____ Recommended: _____ Approved: **MARIO LILIO P. VALENZONA**
(Director/Center Director/Agency Head)

Maintenance in Charge _____ Motor Pool Services 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