



TRIP TICKET

Date Filed: June 13, 2025 Trip Number: _____
 Scheduled Travel Date/s: June 20, 2025 Destination: XYZ Hotel, Tacloban City
Ormoc City
 Departure Time: 8:00 am Driver will report to: _____
 Purpose: Fetch Dr. Brooke and Ms. MJCaparas at XYZ Hotel Tacloban City re: meeting
 Head of Party: of the LRLGU project at Sabin Resort Ormoc City.

| Passengers | Department/Office/Center/Project | Contact Number(s) |
|------------------------------|----------------------------------|-------------------|
| 1. Dr. Brooke | | |
| 2. Ms. Merry Jean A. Caparas | | |
| 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
 Director

Dispatched:
MARVIN M. LAO

Recommended:
AMIEL R. ARMADA

Approved:
MARLON G. BURLAS
 (Director/Center Director/Agency Head)

In-Charge, Dispatching

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 |