



PHYSICAL PLANT OFFICE

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

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PHYSICAL PLANT SERVICE REQUEST FORM

REQUEST INFORMATION	1			
Filled in by requesting party	•	Filled in by PPO		
Date filed :	Aug. 29, 2024	Date received	1	
Building/Department :		Received by		
	Dept. of Economics		Name & Signature	
Location :	Upper Campus	Designation/Position	:	
Requesting party	ZYRA MAY H CENTINO	Request Reference	1	
requesting party	Name & Signature	Number		
Designation/Position	Head, DoEcon			
Contact no./Email				
Please check and specify	the nature of service request			
Audio System(amp	olifier, speakers and microphor	nes) Tent installation/s		
With Lights? Yes No		Setup Location:		
Setup Location: Date & Time Needed:		No. of tent:		
Estimated Duration (hrs):		Tent size:		
Land preparation, plowing & harrowing Fabrication/s (new cabinets, furnitum fabrications not considered as repair			abinets, furniture, metal works and othe dered as repair and maintenance)	
Location/Area covered: Installation/s (tarpaulin, signage, new lock & knobs &				
Estimated passing trip: installation not considered as repa				
Site development, levelling, scrapping & backfilling Machining works (lathe, shaper, drill press & etc.)				
Location: Landscaping (Design and Installation)			and Installation)	
	tion materials, office equipment	t & Location/Area covere	d:	
etc.)	_			
	To:			
	d Estimates (Drafting, floor plan timate, site inspection and the l			
material of oosi oo		cription of Service Request		
	1. Wiring	installation for 2 airconditioner		
A COCKET IN LINE IN				
ACCOMPLISHMENT Filled in by PPO Personnel Fil		Filled in by Requesting Party	Filled in by Requesting Party	
Conducted by		Service Satisfaction	OVER ALL RATING	
Р	PO Maintenance Personnel	☐ 1. Not Satisfied	☐ 1. Poor ☐ 2. Fair	
Date & Time	(Name and Signature)	2. Slightly Satisfied	☐ 1. Poor ☐ 2. Fair ☐ 4. Very	
Started		☐ 3. Moderately Satisfied	☐ 3. Good Good	
Date & Time		□ 4. Very Satisfied	T	
Finished :		□ 5. Extremely Satisfied	☐ 5. Excellent	
			Comments & Suggestion	
Checked . ——	PPO Head/Director			
&verified .	(Name and Signature)	Name &Signature	-	
Notes:				
		Designation/Position	-	
		Designation/Position		