



### TRIP TICKET

Date Filed: Nov. 7, 2022 Trip Number: \_\_\_\_\_  
 Scheduled Travel Date/s: Nov. 14, 2022 Destination: \_\_\_\_\_  
 Departure Time: 7:30 a.m. Driver will report to: ISRDS  
 Purpose: To present data analytics results to SB-Inopacan.

Head of Party: LBNuñez

Passengers	Department/Office/Center/Project	Contact Number(s)
1. JCBencure	Dept. of Engineering	
2. IDBCustodio	Dept. of Economics	
3. SBLina	Dept. of Soil Science	
4. MJACaparas	ISRDS	
5. Maria Aurora T.W.Tabada	ISRDS	
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:

AMIEL R. ARMADA

Recommended:

MARLON G. BURLAS

Approved:

MARIO LILIO P. VALENZONA

Maintenance in Charge

Motor Pool Services 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  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.	Filled in by the Head of Party or Requesting Party	
	<b>Service Satisfaction</b> <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	<b>Driver's OVER ALL RATING</b> <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 <b>Comments &amp; Suggestions</b>
	SIGNATURE OVER PRINTED NAME	
	Name and Signature	