



OFFICE OF THE DIRECTOR FOR PHYSICAL PLANT

Visca, Baybay City, Leyte, PHILIPPINES Telefax: 1041(LOCAL) Email: www.ppo.@vsu.edu.ph Website: www.vsu.edu.ph

PHYSICAL PLANT SERVICE REQUEST FORM

I meu n	if by requesting party			Tilled III by TTC			
Date fil	led :	May 10, 2	2023	Date received	1		
	g/Facility/						
House			1	Received by			
Apartment No./		Dept. of Eco	nomics		Name	e & Signature	
Department Dept. of Ec				Designation/	IValli	e a Oignature	
Location : Upper Ca		Upper Car	npus	Position	:		
			_		20		
_		ZYRA MAY H. (CENTINO	Document	:		
Reque	sting party			control number			
Design	nation/	Head D	05				
Positio		Head, D	OE				
Please	check and specify the n	nature of service re	equest				
	Audio System (amplifier	, speakers and		Tent installation/s			
	microphones)	The second secon	ш	Terit iristaliation/s			
	With Lights? Yes			Setup Location: _	Setup Location:		
	Setup Location:		No. of tent:	lo. of tent:			
	Date & Time Needed:			Tent size:			
	Estimated Duration (hrs): Fabrication/s (new cabinets, furniture, metal works and or						
	Land preparation plowing	and preparation, plowing & harrowing fabrications not considered as repair and maintenance)					
	Location/Area covered		Installation/s (tarpa	stallation/s (tarpaulin, signage, new lock & knobs & other			
	Estimated passing trip:		installation not cons	sidered as repair and	d maintenance)		
	ite development, levelling, scrapping & Machining works (lathe, shaper, drill press & etc.)					ess & etc.)	
	backfilling						
	Location:			Landscaping (Design	gn and Installation)		
	Hauling (Construction materials, office						
	equipment & etc.)			Location/Area covered:			
	From:	To:		Other/s (Specify) :_	Electric	al	
	Plans, Layouts and Estin		oor	Cc. (C/CC)/			
	plan/s, material & cost e						
	and the likes)	ournate, one mope	0.1011				
		Brief [Description of	of Service Request			
	 Installation of wa 	all fan in the class	rooms.				
		1	Filled in by th	ne requesting party after	er the conduct of service	ce request	
Conducte	ed PPO Per	reannel	Servic	e Satisfaction	OVER-A	ALL RATING	
oy:	(Name & S		☐ 1. No	ot Satisfied	☐ 1 Poor	☐ 2 Fair	
	(Ivaille & S	ngriature)	_		L 1 F001	ш 2 I all	
PPO Unit	t		☐ 2. Sli	ightly Satisfied	☐ 3 Good	4 Very Good	
			_ 2 14	adoratoly Catiofic d	П	5 00 € 100 E000000	
	×-		☐ 3. Mo	oderately Satisfied	☐ 5 Excellent		
Checked			☐ 4. V€	ery Satisfied	Comment	s & Suggestion	
Verified b	rronead		□ 5. Ex	tremely Satisfied			
	(Name & S	Signature)	<u>-</u>	,			
			Name and Signature				
			ivallie and Signature		140		
					.4		

Vision: Mission: