



PHYSICAL PLANT OFFICE

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

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PHYSICAL PLANT SERVICE REQUEST FORM

REQUEST INFORMATIO	N		
Filled in by requesting party		Filled in by PPO	
Date filed	: Aug. 27, 2024	Date received	
Date med		-	•
Building/Department		Received by	
ballaling/ bopartment	Dept. of Economics	1,000,100,00	Name & Signature
1		Designation/Desition	
Location	: Upper Campus	Designation/Position	•
Decreation party	ZYRA MAY HI CENTINO	Request Reference	1
Requesting party	Name & Signature	Number	
Designation/Position	: Head, DoEcon		
Contact no./Email			
	y the nature of service request		
	plifier, speakers and microphones)	Tent installation/s	
With Lights? Yes No			
Setup Location:		Setup Location: No. of tent:	
Date & Time Needed:		Tent size:	
Estimated Duration (hrs):		A THE RESERVE THE PARTY OF THE	
Land preparation, plowing & harrowing		Fabrication/s (new cabinets, furniture, metal works and other fabrications not considered as repair and maintenance)	
Estimated passing trip:		Installation/s (tarpaulin, signage, new lock & knobs & other installation not considered as repair and maintenance)	
	, levelling, scrapping & backfilling	Machining works (lathe, shaper, drill press & etc.)	
			and mstallation)
Hauling (Construction materials, office equipment & etc.)		Location/Area covere	d:
From: To:		Other/s (Specify):	
	nd Estimates (Drafting, floor plan/s,		
material & cost es	stimate, site inspection and the likes Brief Descrip	tion of Service Request	
	Dite: Decemp	and the control request	
	 Installation of fluo 	rescent tube in the conferen	ce room.
ACCOMPLISHMENT Filled in by PPO Personnel		Filled in by Requesting Party	
Filled in by PPO Personnel		Filled III by Requesting Party	
Conducted by		Service Satisfaction	OVER ALL RATING
Conducted by :	PPO Maintenance Personnel	П. н.о.:	
	(Name and Signature)	1. Not Satisfied	☐ 1. Poor ☐ 2. Fair
Date & Time	1 1	2. Slightly Satisfied	☐ 4. Very
Started		☐ 3. Moderately Satisfied ☐ 4. Very Satisfied	☐ 3. Good Good
Date & Time Finished		☐ 5. Extremely Satisfied	☐ 5. Excellent
		LAUGINERY Gausiled	Comments & Suggestion
01-1-1			20
Checked	PPO Head/Director	"	
avernieu	(4)	Mana OCianatura	

Vision: Mission:

Notes:

(Name and Signature)

Name &Signature

Designation/Position