



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

REQUEST INFORMATION	
Filled in by requesting party	Filled in by PPO
Date filed : Nov. 7, 2023	Date received :
Building/Department :	Received by
Dept. of Economics	Name & Signature
Location : Upper Campus	Designation/Position :
ZYRA MAY H. CENTING	Request Reference :
Requesting party :	Number
Name & Signature	Training
Designation/Position : Head, DoEcon	4
Contact no./Email :	
Please check and specify the nature of service request	
Audio System (amplifier, 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):	Fabrication/s (new cabinets, furniture, metal works and other
	fabrications not considered as repair and maintenance)
Land preparation, plowing & harrowing	in a second and the s
Location/Area covered:	Installation/s (tarpaulin, signage, new lock & knobs & other
Estimated passing trip:	installation not considered as repair and maintenance)
Site development, levelling, scrapping &	Machining works (lathe, shaper, drill press & etc.)
backfilling	Wacrilling works (latine, shaper, drill press & etc.)
Location:	Landscaping (Design and Installation)
Hauling (Construction materials, office	
equipment & etc.)	Location/Area covered:
From: To:	Other/s (Specify):
	Other/s (opecity)
Plans, Layouts and Estimates (Drafting, floor plan/s, material & cost estimate, site inspection	
and the likes)	
	ion of Service Request
1. Fabrication of filing cabinet.	
ACCOMPLISHMENT	
Filled in by PPO Personnel	Filled in by Requesting Party
Conducted by	Service Satisfaction OVER ALL RATING
Conducted by : PPO Maintenance Personnel	
(Name and Signature)	☐ 1. Not Satisfied ☐ 1. Poor ☐ 2. Fair
Date & Time	☐ 2. Slightly Satisfied ☐ 4. Very
Started	☐ 3. Moderately Satisfied ☐ 3. Good Good
Date & Time	4. Very Satisfied 5. Excellent
Finished	☐ 5. Extremely Satisfied ☐ 5. Excellent
	Comments & Suggestion
Checked	
&verified : PPO Head/Director	
(Name and Signature)	Name &Signature
Notes:	
*	Designation/Position
4	Designation Position

Vision: Mission: