



TRIP TICKET

Date Filed : August 18, 2025 Trip Number :
Scheduled Travel Date/s : August 22, 2025 Destination : Barangay Catublian, Hinunangan
Departure Time : 7:00 am Driver will report to : Southern Leyte

Purpose : **SIMPLE FARM RECORD KEEPING**

Head of Party: ANNA MARTHA C. MONSANTO

Passengers	Department/Office/Center/Project	Contact Number(s)
1. ANNA MARTHA MONSANTO	DAEEEx	09106313086
2. AIZA ORACION	DAEEEx	
3. ZYRA E. DAVID	DAEEEx	09510219030
4. PAULINE CAINTIC		

*For more than (10) passengers, use separate sheet.

Vehicle Type: _____
Vehicle Plate No.: _____

Requesting party: 
ANNA MARTHA C. MONSANTO
Faculty

Dispatched: MARVIN M. LAO Recommended: AMIEL R. ARMADA Approved: MARLON G. BURLAS
Dispatch / Maintenance in Charge OIC / Motor Pool 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	Filled in by the Head of Party or Requesting Party	
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.	Service Satisfaction	Driver's OVER ALL RATING
	<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	<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
	Comments & Suggestions	
SIGNATURE OVER PRINTED NAME	Name and Signature	