



TRIP TICKET

Date Filed July 29, 2025 Trip Number : _____
Scheduled : _____ Destination : _____
Travel Date/s : Aug. 12, 2025 In campus trips
Departure Time : _____ Driver will report to : _____
Purpose : Fetch and conduct resource speakers from venue to apartelle and vice versa.

Head of Party:

Passengers	Department/Office/Center/Project	Contact Number(s)
1. Jenina Joy Chavez		
2. Atty Nepomuceno Malaluan		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

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

Vehicle Type: _____
Vehicle Plate No.: _____

Requesting party: James
LILIAN B. NUÑEZ
(Designation/Position)

Dispatched:
MARVIN M. LAO

Recommended:
AMIEL R. ARMADA

Approved: _____
MARLON G. BURLAS
(Director/Center Director/Agency Head)

In-charge, Dispatching

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