

**DAILY TIME RECORD****VILLOCINO, ANDREO P.**

(NAME)

For the month of

**September 1 - 30, 2023**

Official hours for arrival and departure

**8:00AM - 5:00PM**

Day	AM		PM		T/U	Total
	IN	OUT	IN	OUT		
1-FRI						OB
2-SAT						Off
3-SUN						Off
4-MON	7:46	12:01	12:08	5:04		8hrs
5-TUE						SPL
6-WED	7:53	12:47	12:53	5:01		8hrs
7-THU	7:53	12:49	12:55	5:37		8hrs
8-FRI						OB
9-SAT						Off
10-SUN						Off
11-MON	6:50	12:39	12:57	5:06		8hrs
12-TUE						OB
13-WED						OB
14-THU						OB
15-FRI						OB
16-SAT						Off
17-SUN						Off
18-MON	6:39	12:00	12:55	5:08		8hrs
19-TUE						2023 INTRAMURAL GAMES
20-WED						2023 INTRAMURAL GAMES
21-THU						2023 INTRAMURAL GAMES
22-FRI						2023 INTRAMURAL GAMES
23-SAT						Off
24-SUN						Off
25-MON	6:52	12:03	12:11		2hrs	4hrs SUSPENDED 3:00 pm 11:59 pm
26-TUE	7:52	12:31	12:36	5:13		8hrs
27-WED						SL
28-THU	8:00	12:00	1:00	5:00		8hrs
29-FRI	8:00	12:00	1:00	5:00		8hrs
30-SAT						Off

I CERTIFY on my honor that the above is true and correct report of the hours of work performed record of which was made daily at the time of arrival at and departure from office.


  
**ANDREO P. VILLOCINO**

VERIFIED as to prescribed office hours

**DIONESIO M. BAÑOC**
 Department Head  
 Department of Agronomy

Date Generated: Dec/05/2023 09:01:28

## TRIP TICKET

Date Filed: August 16, 2023  
Scheduled Travel Date/s: Sept. 1 & 3, 2023  
Departure Time: Sept. 1 - 7:30AM  
Sept. 3 - 4:30AM  
Purpose: To conduct and fetch Dr. Gabrillo and Dr. Galambao at Tacloban Airport

Trip Number: 000685  
Destination: Tacloban Airport  
Driver will report to: Sept. 1 - Bachelor's Apartment  
Sept. 3 - Tacloban Airport

Head of Party: Dr. Christina A. Gabrillo

Passengers	Department/Office/Center/Project	Contact Number(s)
1. Dr. Marsia Galambao	PHYSICAL PLANT OFFICE	
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

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

Vehicle Type: HILUX  
Vehicle Plate No.:

Requesting party: CHRISTINA A. GABRILLO

Head, DDC

Dispatched: AMIEL R. ARMADA  
Maintenance in Charge

Recommended: MARLONG G. BURLAS  
Motor Pool Services Head

Approved: MARIO LILIO P. VALENZONA  
(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
			7:30 am	2037.4
Date Returned	Vehicle Condition (After Travel)	Fuel & Lubricant Balanced	Arrival/Time In	Odometer/Mileage In
SEP 01 2023			5:00 pm	2263.8

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.	<b>Service Satisfaction</b> <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		<b>Driver's OVER ALL RATING</b> <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		<b>Comments &amp; Suggestions</b>
	ANDREO VILLODINO SIGNATURE OVER PRINTED NAME		

**Vision:**  
**Mission:**

A globally competitive university for science, technology, and environmental conservation. Development of a highly competitive human resource, cutting-edge scientific knowledge and innovative technologies for sustainable communities and environment.

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v0 02-28-2022

No.





## TRIP TICKET

Date Filed: August 17, 2023 Trip Number: 000705  
 Scheduled Travel: SEPT. 08  
 Date/s: August 25, 2023 Destination: Cabintan, Ormoc City  
 Departure Time: 8:30 A.M Driver will report to: CAFS/DSS  
 Purpose: Field Visit at Vegetable Farm in Cabintan, Ormoc City

Head of Party: Victor B. Asio

Passengers	Department/Office/Center/Project	Contact Number(s)
1. Victor B. Asio	CAFS/DSS	09257620329
2. Luz G. Asio	Agronomy	
3. DeeJay M. Lumanao	Soil Science	
4. Mannylen A. Merioles	Pest Management	
5. Robelyn T. Piamonte	Pest Management	
6.		
7.		
8.		
9.		
10.		

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

Vehicle Type: \_\_\_\_\_ Requesting party: VICTOR B. ASIO  
 Vehicle Plate No.: \_\_\_\_\_ (Project Leader)  
 Dispatched: AMIEL R. ARMADA Recommended: MARLON G. BURLAS Approved: MARIO VALENZONA  
 Maintenance in Charge Motor Pool Services Head (Director/Center Director/Agency Head)  
01c 8/22/23

**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
			<u>8:00 am</u>	
Date Returned	Vehicle Condition (After Travel)	Fuel & Lubricant Balanced	Arrival/Time In	Odometer/Mileage In
<u>SEP 08 2023</u>			<u>6:10 pm</u>	

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 <b>Comments &amp; Suggestions</b>
<u>Andres B. Silacion</u> SIGNATURE OVER PRINTED NAME	Name and Signature	

### TRIP TICKET

000720

Date Filed : September 8, 2023  
Scheduled Travel Date/s : September 12, 2023  
Departure Time : 9:00am  
Purpose :  
Head of Party : To conduct burial (Tommy Valenzona Grand Father)

Trip Number :  
Destination : Baybay Catholic Cemetery  
Baybay City, Leyte  
Driver will report to : Brgy. Gabas(waiting shed)  
Baybay, City

Passengers	Department/Office/Center/Project	Contact Number(s)
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

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

Vehicle Type: BUS  
Vehicle Plate No.:

Requesting party: Tommy Valenzona  
(Position)

Dispatched: AMIEL R. ARMADA  
Maintenance in Charge

Recommended: MARLON G. BURLAS  
Motor Pool Services Head

Approved: DILBERTO D. FERRAREN  
(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
			8:00am	
Date Returned	Vehicle Condition (After Travel)	Fuel & Lubricant Balanced	Arrival/ Time In	Odometer/Mileage In
			5:00 pm	

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 <b>Comments &amp; Suggestions</b>
SIGNATURE OVER PRINTED NAME	Name and Signature	



### TRIP TICKET

Date Filed: Sept 08, 2023 Trip Number: 000722  
Scheduled Travel Date/s: Sept 13, 2023 Destination: Palo, Leyte, Ormoc  
Departure Time: 5:30 am Driver will report to: Guard Post 1  
Purpose: To attend the GEMP Online System Workshop at Palo, Leyte

Head of Party: Marlon Burlas

Passengers	Department/Office/Center/Project	Contact Number(s)
1. Marlon Burlas	PPO	09176341527
2. Eldo De Padua	DABE	09159675079
3. Eric Sajulga	PPO	09480704335
4. Clint Sarvida	PPO	09759968969
5.		
6.		
7.		
8.		
9.		
10.		

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

Vehicle Type: HILUX  
Vehicle Plate No.: S5 V677

Requesting party: LEA A. ILLUSTRISIMO

Dispatched: AMIEL R. ARMADA

Recommended: MARLON G. BURLAS

Approved: MARIO LILIO P. VALENZONA

Maintenance in Charge

Motor Pool Services 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
			5:30 am	
Date Returned	Vehicle Condition (After Travel)	Fuel & Lubricant Balanced	Arrival/Time In	Odometer/Mileage In
Sept 13 2023			6:40 pm	

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.		<b>Service Satisfaction</b> <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	<b>Driver's OVER ALL RATING</b> <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
		<b>Comments &amp; Suggestions</b>	
SIGNATURE OVER PRINTED NAME Marlon G. Burlas		Name and Signature Marlon G. Burlas	

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## TRIP TICKET

000731

Date Filed: Sept. 11, 2023 Trip Number: \_\_\_\_\_  
 Scheduled Travel Date/s: Sept. 14-15, 2023 Destination: VSU-TOLOSA CAMPUS, TOLOSA LEYTE  
 Departure Time: 7:00 a.m. Driver will report to: \_\_\_\_\_  
 Purpose: To conduct medical examination

Head of Party: DR. ELWIN JAY V. YU, M.D.

Passengers	Department/Office/Center/Project	Contact Number(s)
1. <u>Dr. Capuno</u>		
2. <u>Mrs. Braganza</u>		
3. <u>Mr. F.A. Gapasin</u>		
4. <u>Ms. C. Paragat</u>		
5. <u>Ms. B.V. Llanilla</u>		
6. _____		
7. _____		
8. _____		

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

Vehicle Type: HYUNDAI Requesting party: ELWIN JAY V. YU, MD, MPH.  
 Vehicle Plate No.: \_\_\_\_\_ Chief of Hospital: \_\_\_\_\_  
 Dispatched: AMEL R. ARMADA Recommended: MARLON G. BURLAS Approved: MARIO LILIO P. VALENZONA  
 Maintenance in Charge Motor Pool Services 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
			<u>6:00</u>	<u>82259</u>
Date Returned	Vehicle Condition (After Travel)	Fuel & Lubricant Balanced	Arrival/Time In	Odometer/Mileage In
			<u>5:00pm</u>	<u>82936</u>

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.	<b>Service Satisfaction</b> <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		<b>Driver's OVER ALL RATING</b> <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
	<b>Comments &amp; Suggestions</b>		
	SIGNATURE OVER PRINTED NAME: <u>Andros Villocino</u>		Name and Signature: _____