



## TRIP TICKET

Date Filed : May 08, 2025 Trip Number : \_\_\_\_\_  
 Scheduled : June 06-07, 2025 Destination : Liloan, Southern Leyte  
 Travel Date/s : \_\_\_\_\_  
 Departure Time : 05:00 AM Driver will report to : Department of Agronomy  
 Purpose : To conduct team building activity at Paraiso, Liloan Beach Resort, Southern Leyte.

Head of Party: LUZ G. ASIO

Passengers	Department/Office/Center/Project	Contact Number(s)
1. Dr. Luz G. Asio	Agronomy	09 257573181
2. Dr. Berta C. Ratilla	Agronomy	
3. Dr. Dionesio M. Bañoc	Agronomy	
4. Dr. Ulysses A. Cagasan	Agronomy	
5. Dr. Ma. Gweneth M. Abit	Agronomy	
6. Mr. Ed Allan L. Alcober	Agronomy	
7. Mr. Wences Rey B. Dela Peña	Agronomy	
8. Mr. Quimson R. Cañete	Agronomy	
9. Mr. Florencio John S. Saladaga	Agronomy	
10. Ms. Mary Ann I. Limbasan	Agronomy	

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

Vehicle Type: \_\_\_\_\_ Requesting party: LUZ G. ASIO  
 Vehicle Plate No.: \_\_\_\_\_ Head, DA

Dispatched: MARVIN M. LAO Recommended: AMIEL R. ARMADA Approved: MARLON G. BURLAS  
 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	Was there any purchased of fuel/lubricant outside VSU Campus? <input type="checkbox"/> Yes (Specify) <input type="checkbox"/> No	Was the vehicle involved in accident or damaged while in your custody? <input type="checkbox"/> Yes (Specify) <input type="checkbox"/> No	Was the vehicle used other than official government business? <input type="checkbox"/> Yes (Specify) <input type="checkbox"/> No
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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	Name and Signature