



Bureau of Corrections

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DRIVER'S TRIP TICKET

Page 1 of 1

DRIVER'S TRIP TICKET

CONTROL NO: _____

Date : _____

A. To be filled up by the designated official authorizing the travel

1. Name of Driver _____

3 2. Government vehicle to be used : _____

3. Authorized User/Passenger : _____

4. Destination : _____

MA. LOURDES M. RAZON MD

OIC, Medical and Dental Division

B. To be filled up by Driver

1st Trip

2nd Trip

1. Time of departure from Office/Garage _____

2. Time of arrival back to office/Garage _____

3. Gasoline issued/purchased/used _____

a. Balance in tank _____

b. Issued/purchased during the trip _____

4. Gear oil issued _____

5. Lubricating oil issued _____

6. Grease issued _____

7. Odometer reading _____

a. at the beginning of the trip _____

b. at the end of the trip _____

c. Distance traveled _____

Remarks : _____

I hereby certify to the correctness of the above statement regarding the record of travel :

Driver

Guard on Duty: _____

Date/Time: _____

Name and Signature of Passenger 1 _____

Name and Signature of Passenger 2 _____