

Republic of the Philippines  
Technical Education and Skills Development Authority  
Region 02  
Southern Isabela College of Arts and Trades  
Santiago City

\_\_\_\_\_  
(Date)

DRIVER'S TRIP TICKET

A. To be filled by the Immediate Supervisor Authorizing Official Travel:

1. Name of driver of the vehicle \_\_\_\_\_
2. Government car to be used, Plate No. \_\_\_\_\_
3. Name of authorized passenger \_\_\_\_\_
4. Place or places to be visited/inspected \_\_\_\_\_
5. Purpose \_\_\_\_\_

B. To be filled by the Driver:

1. Time of departure from Office/garage \_\_\_\_\_ A.M./P.M.
2. Time of arrival at (per No. 4 above) \_\_\_\_\_ A.M./P.M.
3. Time of departure from (per No. 4) \_\_\_\_\_ A.M./P.M.
4. Time of arrival back to office/garage \_\_\_\_\_ A.M./P.M.
5. Approximate distance traveled (to and from) \_\_\_\_\_ A.M./P.M.
6. Gasoline issued, purchased and consumed:
  - a. Balance in tank \_\_\_\_\_ liters
  - b. Issued by office from stock \_\_\_\_\_ liters
  - c. Add-Purchased during trip \_\_\_\_\_ liters
  - T O T A L \_\_\_\_\_ liters
7. Gear oil issued \_\_\_\_\_ liters
8. Lub. Oil issued \_\_\_\_\_ liters
9. Grease issued \_\_\_\_\_ liters
10. Speedometer readings, if any:
 

|                                  |  |            |
|----------------------------------|--|------------|
| At beginning of trip             |  | miles/kms. |
| At end of trip                   |  | miles/kms. |
| Distance travelled (per 5 above) |  | miles/kms. |
11. Remarks: \_\_\_\_\_  
\_\_\_\_\_

I hereby certify to the correctness of the above statement of record of travel.

\_\_\_\_\_  
(Driver)

I hereby certify that I used this car on official business as stated above.

\_\_\_\_\_  
(Name of Passenger)

Approved by:

\_\_\_\_\_

Immediate Supervisor  
Form B

DTT No. \_\_\_\_\_

Republic of the Philippines  
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MONTHLY REPORT OF OFFICIAL TRAVELS  
(To be accomplished for each motor vehicle)

Vehicle Plate No. \_\_\_\_\_ Date: \_\_\_\_\_  
Driver's Name: \_\_\_\_\_

| Date   | Distance<br>Traveled<br>(in Kms.) | Gasoline<br>Consumed<br>(in liters.) | Oil Used<br>(in liters) | Grease<br>Used | Remarks |
|--------|-----------------------------------|--------------------------------------|-------------------------|----------------|---------|
|        |                                   |                                      |                         |                |         |
|        |                                   |                                      |                         |                |         |
|        |                                   |                                      |                         |                |         |
|        |                                   |                                      |                         |                |         |
|        |                                   |                                      |                         |                |         |
|        |                                   |                                      |                         |                |         |
|        |                                   |                                      |                         |                |         |
|        |                                   |                                      |                         |                |         |
|        |                                   |                                      |                         |                |         |
| TOTALS |                                   |                                      |                         |                |         |

I hereby certify to the correctness of the above statements and that the motor vehicle was used on strictly official business only.

\_\_\_\_\_  
Driver

Approved by:

\_\_\_\_\_  
Immediate Supervisor

Note: This report should be accomplished **in triplicate** the original of which, supported by the originals of duly accomplished Driver's Record of travel (Form A) should be submitted, thru the Administrative Officer or his equivalent, to the Auditor concerned.