

Control #: _____

Item No.	Date	Location/Destination	Time	No. of Days

Purpose: _____

Passenger: 1 _____ 4 _____
2 _____ 5 _____
3 _____ 6 _____

REQUISITIONER : _____
(Name & Signature)

FUEL CHARGE AGAINST : _____
COLLEGE/OFFICE : _____
DATE SUBMITTED : _____

DRIVER : _____
VEHICLE : _____

Complied by: _____ Checked by: **ENGR. ENA C. TIU** Approved by: **ENGR. MARILOU G. UMPAD**
ENGINEER 1 Director, General Services

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Rev.1 04/04/2019

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