

COURIER SERVICES:

☐ MOTORCYCLE

☐ CAR

FREIGHT FORWARDING:

☐ SEA

☐ AIR

☐ LAND
(VIA BUS)

☐ TRUCKING TRANSPORT

TYPE OF TRUCK: _____

☐ OTHERS

ADMINISTRATIVE DEPARTMENT

NAME OF EMPLOYEE		DATE REQUESTED	
DEPARTMENT		<div><input type="checkbox"/> ONE WAY: PHP _____ <input type="checkbox"/> TWO WAY: PHP _____</div> <div><input type="checkbox"/> MULTIPLE DROP-OFFS PHP _____</div>	TOTAL AMOUNT PHP _____

SERVICE DETAILS					
DATE OF TRANSPORT	NAME OF TRANSPORT SERVICE	PICK- UP LOCATION	DROP-OFF LOCATION	QTY	ITEMS TO BE TRANSPORTED

PREPARED BY	ENDORSED BY	APPROVED BY
<div>Employee's Signature <small>(Signature over Printed Name)</small></div> <div>DATE SIGNED:</div>	<div>Immediate Superior <small>(Signature over Printed Name)</small></div> <div>DATE SIGNED:</div>	<div>KATHLEEN REYES, MHM, DBA Chief Operating Officer</div> <div>DATE SIGNED:</div>