

3RD PARTY TRANSPORT SERVICE FORM

ADMINISTRATIVE DEPARTMENT

COURIER SERVICES:

- ☐ MOTORCYCLE
☐ CAR

FREIGHT FORWARDING:

- ☐ SEA
☐ AIR
☐ LAND (VIA BUS)

☐ TRUCKING TRANSPORT

☐ OTHERS

TYPE OF TRUCK: _____

NAME OF EMPLOYEE			<input type="checkbox"/> ONE WAY: PHP _____ <input type="checkbox"/> TWO WAY: PHP _____ <input type="checkbox"/> MULTIPLE DROP-OFFS PHP _____	% Shipping Cost: _____
DEPARTMENT		DATE REQUESTED		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
<p>Employee's Signature (Signature over Printed Name)</p> <p>DATE SIGNED: _____</p>	<p>Immediate Superior (Signature over Printed Name)</p> <p>DATE SIGNED: _____</p>	<p>Finance & Accounting Director (Signature over Printed Name)</p> <p>DATE SIGNED: _____</p>