

COURIER SERVICES:

☐ SEA

☐ AIR

☐ LAND  
(VIA BUS)

☐ TRUCKING TRANSPORT

☐ OTHERS

TYPE OF TRUCK: \_\_\_\_\_

ADMINISTRATIVE DEPARTMENT

NAME OF EMPLOYEE	DATE REQUESTED			
	<div><input type="checkbox"/> ONE WAY: PHP _____</div> <div><input type="checkbox"/> TWO WAY: PHP _____</div>	<div><div><input type="checkbox"/> MULTIPLE DROP-OFFS</div><div>PHP _____</div></div> <div>TOTAL AMOUNT PHP _____</div>		
SERVICE DETAILS				
DATE & TIME OF TRANSPORT	NAME OF TRANSPORT SERVICE	PICK- UP LOCATION	DROP-OFF LOCATION	ITEMS TO BE TRANSPORTED
Employee's Signature <small>(Signature over Printed Name)</small>		Immediate Superior <small>(Signature over Printed Name)</small>		PRESIDENT / VICE-PRESIDENT
DATE SIGNED:		DATE SIGNED:		DATE SIGNED:

COURIER SERVICES:

☐ MOTORCYCLE

☐ CAR

☐ SEA

☐ AIR

☐ LAND  
(VIA BUS)

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